

# STUDENT APPLICATION FORM

Beginning Teen Astronomy Camp

June 8-14, 2023

The student is responsible for the entire application process including completion of this form.  
Parents and/or guardians must be consulted, review the forms, and provide the appropriate signatures.

## Student Information: (PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_

Grade Level (now): \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred T-shirt Size (adult - S,M,L,XL): \_\_\_\_\_

## If you have Internet access:

**Print** your email address **very clearly**: \_\_\_\_\_

How often do you check your email? \_\_\_\_\_

Could you use a Web browser to check the Camp "chat page" every few days? \_\_\_\_\_

## Math Background

Current Math Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

## Parent or Guardian Agreement

Names: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: Work: (\_\_\_\_) - \_\_\_\_\_ Home: (\_\_\_\_) - \_\_\_\_\_

My student has permission to attend the Beginning Astronomy Camp. I have read the travel guidelines and COVID Policies at <http://www.astronomycamp.org/docs/btcapp.html>.

The University of Arizona accepts no responsibility for losses or additional expenses due to sickness, weather, strikes, fires, wars, or other causes. All such losses must be borne by the participant. A detailed statement of limitations and exclusions of liability will be provided to participants prior to final payment and is available upon request.

I/we understand and agree that I/we are legally responsible for the tuition and all costs associated with Astronomy Camp and further that this Agreement shall be governed by and subject to the laws of the State of Arizona and shall be deemed for all purposes to be made and fully performed in Arizona.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOLARSHIPS and FINANCIAL INFORMATION

Of the ~40 students accepted into the two Astronomy Camps this summer, at least five will be awarded scholarships through funds donated by our Camp alumni. Usually, partial scholarships are awarded with the amount determined by demonstrated financial need. Particular consideration is given to new students.

If you completely fill out the information below, then you will be considered for a scholarship unless you check [ ] that you don't want to be considered for financial aid, in which case this information is optional but will help us understand the overall impact of Astronomy Camp.

All information is strictly confidential and will be used only for the purpose of awarding this scholarship.

Completed applications are considered on a first-come, first-served basis. You will be notified of our decision no later than April 3 in time to make travel arrangements.

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### STUDENT Information:

Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

### PARENT or GUARDIAN Information:

Name: \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Number of wage earners living in household: \_\_\_\_\_

Are you, or your family, presently receiving public assistance?: \_\_\_\_\_

Are you eligible to receive public assistance?: \_\_\_\_\_

Estimated household income in 2023:

\_\_\_\_ less than \$30,000

\_\_\_\_ less than \$60,000

\_\_\_\_ less than \$90,000

\_\_\_\_ less than \$120,000

\_\_\_\_ more than \$120,000

### Personal Reference (outside immediate family):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

On a separate sheet, please justify your request for financial assistance. DESCRIBE your specific financial and family situation, such as medical bills, employment issues, etc. Your description must specifically demonstrate financial need.