



**MISSION TO PLANET EARTH**

**APPLICATION**

**General Information**

Full Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (as you would like it to read on name tags):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone Number:\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food allergies or special dietary needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions that might require emergency treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other allergies (medicines, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight (this information is necessary for determining proper load and balance for the orientation flight and will be kept confidential):\_\_\_\_\_\_\_\_\_\_\_\_

Who to contact in case of an emergency and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which best describes you? (This information is voluntary and is requested for reporting purposes only in accordance with the 1968 Civil Rights Act as amended.)

\_\_White \_\_American Indian \_\_Asian \_\_Hispanic

\_\_Black \_\_Mexican American \_\_Puerto Rican

\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a student at a University (pre-service):

\_\_Graduate \_\_\_Undergraduate

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Many Years Left Until Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a classroom teacher (in-service):

Grade level and subject area currently teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of years you have taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your application must include the following items:**

**This completed form.**

**An essay (100) words or less explaining how you will use what you learn in your classroom.**

**Two letters of recommendation (at least one from an administrator or professor).**

***All applications are due no later than 5PM on Thursday, November 15th, 2012. All applications and those nominated by university affiliates will be reviewed. Twelve teachers will be chosen to attend MTPE. All others will be placed on the alternate list. Notification of acceptance will go out by November 30th.***

Please fax, e-mail, or mail your application to:

Attn: Kat Rigby

Oklahoma NASA Space Grant Consortium

University of Oklahoma

1623 Cross Center Dr, Suite 9

Norman, OK 73019

katOKSG@ou.edu

Fax # 405.325.5537

Phone # 405.325.6559