

 AMERICAN MUSEUM OF NATURAL HISTORY

After School Program
Youth initiatives, Education Department

Please note: Courses fill up quickly! Space is very limited. Submission of an application is not a guarantee of admission into a course, regardless of financial need. No students will be admitted without an acceptance letter, and a completed permission slip and medical form, which will be mailed only to accepted students. **All students living in or attending high school in New York City, in grades 9 - 12, are eligible to apply, including home-schooled students residing in New York City.**

Unless otherwise indicated, courses meeting twice weekly are \$300; those meeting once weekly are \$150. We have a very generous policy of granting fee waivers and half-price discounts based on need. See website for more details.

PLEASE complete ALL fields requested below or your application will not be accepted.
PLEASE list the courses in order of preference. You may take only ONE course per session.
PLEASE see website for full course descriptions. All courses meet 4:30-6:30 PM:

Student Name: _____

Session #: _____ **Deadline:** _____

1. _____
Course Title Meeting Day(s)
2. _____
Course Title Meeting Day(s)
3. _____
Course Title Meeting Day(s)
4. _____
Course Title Meeting Day(s)
5. _____
Course Title Meeting Day(s)
6. _____
Course Title Meeting Day(s)

DOUBLE CHECK TO SEE THAT YOU HAVE **NEATLY** PROVIDED US WITH **ALL** REQUESTED INFORMATION! Call us at 212-496-3529 or email us at hsprograms@amnh.org if you have any questions!

Send form to: American Museum of Natural History
Education: After School Courses
Central Park West at 79th Street
New York, NY 10024
Fax: 212 769-5329
hsprograms@amnh.org

If you have completed the following forms this school year, you do not need to do so again.

Student Applicant's Information

Name: _____
Last First Middle

Birth date: ____/____/____ Age: _____ Male Female Current Grade or equivalent level: _____

Language(s) spoken at home: _____

Home Address: _____
Number and Street Apt#

_____ City State Zip code

Phone: Home (_____) _____ Cell (_____) _____
(Area Code) + Number (Area Code) + Number

E-Mail (1): _____ E-Mail (2): _____

With whom do you live? Parent Legal Guardian Other (Explain) _____

Parent/Legal Guardian #1 Information

Name: _____
Last First Middle

Relationship with Applicant: Parent Legal Guardian*
**If you have marked Legal Guardian, please explain relationship with child.*
Grandparent Aunt/Uncle Brother/Sister Other (Describe) _____

Home Address: _____
Number and Street Apt#

_____ City State Zip code

Phone: Home (_____) _____ Cell (_____) _____
(Area Code) + Number (Area Code) + Number

E-Mail (1): _____ E-Mail (2): _____

Parent/Legal Guardian #2 Information

Name: _____
Last First Middle

Relationship with Applicant: Parent Legal Guardian*
**If you have marked Legal Guardian, please explain relationship with child.*
Grandparent Aunt/Uncle Brother/Sister Other (Describe) _____

Home Address: _____
Number and Street Apt#

_____ City State Zip code

Phone: Home (_____) _____ Cell (_____) _____
(Area Code) + Number (Area Code) + Number

E-Mail (1): _____ E-Mail (2): _____

Self Identification

As an educational institution AMNH receives requests from governmental agencies, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students. In order to respond to these requests, we ask (but do not require) you to answer the following two questions:

1. Please check one or more of the following options that you identify with.

- American Indian or Alaska Native
- Asian (including Eastern Asian e.g., China, Japan, and Korea)
- South Asian (including India, Pakistan, Cambodia, Philippines, and Vietnam)
- Middle Eastern/Persian
- Black or African American (including African and Afro-Caribbean)
- Native Hawaiian or other Pacific Islander
- White (including Portuguese, Brazilian, Spanish)
- Hispanic (White)
- Hispanic (Black)
- Mixed

I hereby certify that the information on this form has been provided in consultation with my parent or guardian.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

The American Museum of Natural History encourages participants/students of any race, color, religion, sex, sexual orientation, or national and ethnic origin to apply to its programs and activities. The Museum is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sexual orientation, or nationality and ethnicity.

After School Program
Fee-Waiver Application Form

If you are applying for a fee-waiver or discount, please have your parent or guardian provide the following information. If your parents or custodial guardians are living in separate households, please supply information for both. **Please note that submission of an application is not a guarantee of admission to a course, nor a guarantee of eligibility for a fee-waiver or discount.**

Resources are limited and we would like to provide generous support to those who are genuinely in need. Please answer the following questions honestly and accurately. Note that you may be asked to provide additional documentation.

Student Applicant: Name _____
Last First Middle
Home Address: _____
Number and Street Apt#
_____ City State Zip code

Parent/Guardian #1: Name _____
Last First Middle
Home Address: _____
Number and Street Apt#
_____ City State Zip code

Parent/Guardian #2: Name _____
Last First Middle
Home Address _____
(if living apart): Number and Street Apt#
_____ City State Zip code

Annual (joint) income* of parent(s) or custodial guardian(s): _____

Number of Dependents** _____

* "Annual joint income" is defined as joint disposable income (including, but not limited to, wages, interest and dividends, income from property) net of taxes and other payroll deductions.

** "Number of dependents" is defined as number of people who are financially supported by the parent(s) or custodial guardian(s).

Parent or Guardian #1 Signature: _____ Date: _____

Parent or Guardian #2 Signature: _____ Date: _____