

Application for:  
American Museum of Natural History  
High School Summer Science Institute

Gateway to the Museum's High School Programs

**Session 1:** August 16<sup>th</sup> – 20<sup>th</sup>, 2010

**Session 2:** August 23<sup>rd</sup> – 27<sup>th</sup>, 2010

**APPLICATION DEADLINE**  
**Postmarked by June 25, 2010**

This application is for the American Museum of Natural History's High School Summer Science Institute, which acts as a gateway to our many high school programs. We will be introducing everyone to all the different topics that are studied here in the After School Program, including anthropology, astronomy, biodiversity, genetics and geology. We will also introduce you to the Museum's Internship programs: The Science Research Mentoring Program and the Saltz Internship Program. If you are interested in participating in one of our internship programs in the future, attending the one-week Summer Science Institute is a great way to get started. Upon completion of this program, you will obtain preferential entry into the Museum's After School Program. To find out more about any of our high school programs, visit our website at <http://education.amnh.org>.

**The fee for this one-week institute is \$300. Fee-waivers and half-price discounts are available based on need. If you are requesting a fee-waiver or half-price discount, please complete the Fee-Waiver Application.**

Submit application to:

American Museum of Natural History  
Education: After School Program  
Central Park West at 79<sup>th</sup> Street  
New York, NY 10024  
(t) 212-496-3529  
(f) 212 313-7868

Applications Must be postmarked by June 25, 2010

*Please contact the After School Programs Department at 212-496-3529 or [hsprograms@amnh.org](mailto:hsprograms@amnh.org) if you have any questions or need assistance with the application.*

# STUDENT APPLICATION FORM—General Information

## STUDENT PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Birth date \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male Female

Language(s) spoken at home: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Apt#

\_\_\_\_\_ City State Zip code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Area Code + Number Area Code + Number

E-Mail (1): \_\_\_\_\_ E-Mail (2): \_\_\_\_\_

**WHOM DO YOU LIVE WITH? PARENT \_\_\_ LEGAL GUARDIAN \_\_\_ OTHER (Explain) \_\_\_\_\_**

## 1) PARENT/LEGAL GUARDIAN'S PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Relationship with Student: Parent \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_

*\*If you have marked Legal Guardian, please explain relationship with child.  
Grandparent) Aunt Uncle Brother Sister Other (Describe) \_\_\_\_\_*

Current Address: \_\_\_\_\_  
Number and Street Apt#

\_\_\_\_\_ City State Zip code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Area Code + Number Area Code + Number Area Code + Number

E-Mail (1): \_\_\_\_\_ E-Mail (2) \_\_\_\_\_

## 2) PARENT/LEGAL GUARDIAN'S PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Relationship with Student: Parent \_\_\_\_\_ Legal Guardian\* \_\_\_\_\_

*\*If you have marked Legal Guardian, please explain relationship with child.  
Grandparent) Aunt Uncle Brother Sister Other (Describe) \_\_\_\_\_*

Current Address: \_\_\_\_\_  
Number and Street Apt#

\_\_\_\_\_ City State Zip code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Area Code + Number Area Code + Number Area Code + Number

E-Mail (1): \_\_\_\_\_ E-Mail (2) \_\_\_\_\_

**Student Application Cont/.....2 of 4.**

***IN CASE OF AN EMERGENCY WE WILL ALWAYS CONTACT THE PARENTS OR GUARDIANS FIRST. PLEASE INDICATE TWO ADDITIONAL EMERGENCY CONTACTS BELOW***

**1) EMERGENCY CONTACT PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Relationship with Student: Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Apt#

\_\_\_\_\_ City State Zip code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Area Code + Number Area Code + Number Area Code + Number

E-mail(1): \_\_\_\_\_ E-mail (2): \_\_\_\_\_

**2) EMERGENCY CONTACT PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Relationship with Student: Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Apt#

\_\_\_\_\_ City State Zip code

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Area Code + Number Area Code + Number Area Code + Number

E-mail(1): \_\_\_\_\_ E-mail (2): \_\_\_\_\_

**GENERAL INFORMATION STUDENT INFORMATION**

1) Are you a current or former Urban Advantage Student? Yes/current Yes/former No Don't know

2) Have you attended any of the following programs at the Museum? If yes, please circle all that apply.

Early Adventures & Explorations	Science & Nature Program	Adventures in Science
Summer Science Institute	After School Program	Science Research Mentoring Program
Lang Science Program	Saltz Internship Program	Museum Education & Employment Program

3) Do you have any siblings that have attended programs at the Museum? Yes No

If yes, Please list name (s) \_\_\_\_\_ program(s) attended \_\_\_\_\_

4) How did you hear about this program? Circle all that apply.

Museum staff member	School teacher	Web	Direct mailing
School visit	Fellow students	Other (please indicate) _____	

**Student Application Cont/.....3 of 4.**

**STUDENT'S EDUCATION INFORMATION**

**MIDDLE SCHOOL ATTENDED**

Name Middle School attended: \_\_\_\_\_

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

Number and Street

City

State

Zip code

Borough: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area Code + Number

\*\*\*\*\*

**HIGH SCHOOL ATTENDED/ATTENDING**

Name of High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address (1): \_\_\_\_\_

Number and Street

City

State

Zip code

Borough: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Area Code + Number

\*\*\*\*\*

**SCHOOL IN FALL ( IF DIFFERENT FROM ABOVE )**

School Attending Next Fall: \_\_\_\_\_ Grade going into \_\_\_\_\_

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

Number and Street

City

State

Zip code

Borough: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail (1): \_\_\_\_\_

Area Code + Number

**Student Application Cont/.....4 of 4.**

**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)

**2. How would you describe your background?** \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ 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 national and ethnic origin in administration of its admissions policies.*

## FEE-WAIVER 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 name: \_\_\_\_\_

Student address: \_\_\_\_\_

Parent(s) or custodial guardian(s) name(s):  
\_\_\_\_\_

Parent(s) or custodial guardian(s) address(es):  
\_\_\_\_\_  
\_\_\_\_\_

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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second Parent or Guardian Signature (if living apart): \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT APPLICATION FORM—Student Questionnaire

Please list all the AMNH after school courses you have already completed. Make sure that you include the year you took the course. (Don't worry if you haven't taken any yet, this program will help you get started.)

Please list any extracurricular activities, such as clubs, jobs, teams, or other science programs in which you currently participate. Also note any school honours or other special awards (such as science fairs) that you would like us to know about.

Please rank the sessions below in order of preference:

\_\_\_\_\_ August 16<sup>th</sup> – 20<sup>th</sup>, 2010  
\_\_\_\_\_ August 23<sup>rd</sup> – 27<sup>th</sup>, 2010

Please write a 250-500 word essay that tells us what has sparked your interest in science and how you would benefit from participation in the American Museum of Natural History's Summer Science Institute. Type your essay on a separate piece of paper and attach it to your application; make sure you put your name at the top of the page.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Submit applications to:

American Museum of Natural History  
Education: After School Program  
Central Park West at 79<sup>th</sup> Street  
New York, NY 10024  
(t) 212-496-3529  
(f) 212 313-7868

Applications Must be postmarked by June 25, 2010  
*Please contact the After School Programs Department at 212-496-3529 or [hsprograms@amnh.org](mailto:hsprograms@amnh.org) if you have any questions or need assistance with the application.*