

Student Information

Name (print): _____

Gender: Female Male

Program you are applying for: **2010 DIME**

In order to determine the degree to which members of each ethnic and racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is VOLUNTARY.

Please complete and return with application materials.

Ethnic Background (check one that best applies)

- American Indian or Alaska Native (Non-Hispanic)
- Asian (Non-Hispanic)
- Black or African-American (Non-Hispanic)
- Hispanic/Latino(a)
- Native Hawaiian or Pacific Islander (Non-Hispanic)
- Two or more races
- White (Non-Hispanic)

Individual with a disability* Yes No

Please list any special accommodations required:

**A person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.*

The information solicited on this form will not be available to those responsible for reviewing applications, but will be used by NASA primarily to determine the extent to which various populations are represented in the applicant pool. This information will remain strictly confidential.



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Educational Programs Office

Please type or print in black ink only.

Full legal name _____ Date of birth _____
Last name, suffix (e.g., Jr.) First name Middle name mm dd year (e.g., 11/14/1992)

Place of birth _____ Gender: Female Male
City, State, Country

U.S. Citizen Yes No

Note: If U.S. citizen and born outside the United States or Puerto Rico, you **must** provide the information requested below. If selected you **must** provide documentation prior to start date for acceptance to be finalized.

Naturalization no. _____ Date issued _____ Date expired _____

Passport no. _____ Date issued _____ Date expired _____

You Must Provide Both Addresses:

Permanent (home) address _____ School name _____
If homeschooled, write "homeschooled"

City _____ State _____ Please provide your 9-digit ZIP Code _____
School address _____

Telephone no. () _____ City _____ State _____ ZIP Code _____

Cell no. () _____ School telephone no. () _____

Permanent e-mail address _____ School e-mail address _____

Cumulative GPA = _____ (on a 4.0 scale)

Academic level at start of next school year—Fall 2011

- HS Sophomore HS Junior
- HS Senior College Freshman

Have you previously applied for or participated in a NASA program? Yes No

Check any of the following NASA programs you have previously applied for (A) or participated in (P) and indicate the year:

(A)	(P)		Year	(A)	(P)		Year
<input type="checkbox"/>	<input type="checkbox"/>	FIRST		<input type="checkbox"/>	<input type="checkbox"/>	GRC TSU College Bound	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Exploring Program		<input type="checkbox"/>	<input type="checkbox"/>	INSPIRE	
<input type="checkbox"/>	<input type="checkbox"/>	GRC LERCIP High School		<input type="checkbox"/>	<input type="checkbox"/>	NES (NASA Explorers School) School Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC N.A.S.A. Project		<input type="checkbox"/>	<input type="checkbox"/>	SEMAA Site Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Shadowing Program		<input type="checkbox"/>	<input type="checkbox"/>	Other	

Office use only

Date received _____ Date processed _____ Initials _____

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Emergency Medical Authorization

(Completion of form is required for processing of application.)

NASA Glenn Research Center

Full legal name of student _____ Date of birth _____
Last name, suffix (e.g., Jr.) First name Middle name

Gender: Female Male

Address _____

Home telephone number _____

Name of parent/legal guardian _____

Telephone number where parent or guardian can be reached between 8 a.m. and 5 p.m.

Name, telephone number(s), and relationship of other custodial parent or emergency contact.

Facts concerning the student's medical history to which the physician should be alerted:

Allergies _____

Medications taken _____

Physical impairments _____

Other _____

In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.

Signature of parent/guardian

Date

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Waiver of Compensation/Student Certification

(Completion of form is required for processing of application.)

I understand that as a participant in the NASA Glenn High School Shadowing Program, I will not be considered an employee of NASA Glenn Research Center. The purpose of my visit will be to observe government research and development activities and use the Center facilities to conduct educational research projects.

I waive and forever release the United States—for self, executor, administrator, heirs and assigns—from any claim for wages, salary, or compensation of any kind that may be connected with tasks or services that may be performed by me during my Center visit. I understand and acknowledge that participation in the program does not entitle me to unemployment compensation.

I certify, by my signature below, that I am a citizen of the United States of America and that all information contained in this application is accurate and correct. I further understand and agree that any misrepresentation or inaccurate information reported on my application will be cause for disqualification for consideration and from participation in the Shadowing Program and other NASA programs.

If selected to participate, I understand I must participate for the entire time allocated and failure to do so or abide by the program safety and security policies and procedures could result in termination and could be just cause for disqualification or consideration from future program participation in the Shadowing Program and other NASA programs.

Print your full name below and sign and date for acceptance—the signature of a parent or guardian is only required if student is under 18 years of age.

Student

Parent/Guardian

Print name

Print name

Signature

Signature

Date

Date

Telephone number where you can be reached during the day

RELEASE FORM
FOR APPEARANCE IN
PHOTOGRAPHS OR OTHER IMAGE-BASED MEDIA OR PRODUCTION
BY OR FOR THE NASA GLENN RESEARCH CENTER

John H. Glenn Research Center at Lewis Field
 National Aeronautics and Space Administration
 21000 Brookpark Road
 Cleveland, OH 44135-3191

<i>Description of photographs / digital images</i> Dropping In a Microgravity Environment

To the United States Government, NASA, the Glenn Research Center, its contractors, partners or those acting with its authority and permission and employees of the United States Government, NASA, the Glenn Research Center, its contractors, partners or those acting with its authority and permission I hereby:

- a. grant the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic or digital images of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b. permit the use of any printed material in connection therewith.
- c. release, discharge and agree to save harmless from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- d. θ affirm that **I am over the age of 18** and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

OR

- e. θ affirm that **I am the parent or legal guardian** for:

Name of the minor subject(s) depicted in the photographs or digital images

and have the right to contract for him/her. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns and those of the subject(s) listed above.

Printed Name

Address

Signature

City

State

Zip

Date

()
Phone