

**San Jacinto College Aerospace Academy**  
**SUMMER SPACE EXPLORATION PROGRAM**  
**Rocketry Focused Program: June 9-11, 2010**  
**Robotics Focused Program: June 15-17, 2010**  
**APPLICATION FORM**

**PLEASE PRINT CLEARLY**

**Students must be US citizens. Underrepresented populations are strongly encouraged to apply.**

STUDENT NAME: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Street Apt.  
\_\_\_\_\_  
City State Zip County

STUDENT PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(Required for State reporting purposes)

STUDENT EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: FEMALE  MALE

WHICH PROGRAM WOULD YOU LIKE TO ATTEND?

Rocketry – June 9-11, 2010

Robotics – June 15-17, 2010

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PHONE: \_\_\_\_\_

ETHNIC ORIGIN: White (Non-Hispanic)  Black  Hispanic   
Asian/Pacific Islander  American Indian/Alaskan Native   
Prefer Not to Answer

SCHOOL DISTRICT: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

GRADE LEVEL IN FALL 2010: \_\_\_\_\_

**Please briefly address the following questions**

1. Why you are interested in attending the Aerospace Academy's Summer Space Exploration Program?

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2. What do you hope to gain from this experience?

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3. How does mathematics, science, engineering or technology relate to your future educational and career goals?

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4. Please list any student organizations, clubs or extra-curricular activities you are involved in.

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*I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS FORM IS CORRECT. I UNDERSTAND THAT THIS REGISTRATION CANNOT BE TRANSFERRED TO ANY OTHER INDIVIDUAL. INCOMPLETE FORMS WILL NOT BE PROCESSED.*

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*All information requested must be provided by the participant. It is the policy of the San Jacinto College District not to discriminate on the basis of race, color, creed, religion, gender, national origin, age, or disability.*

**Please submit your completed application via one of the following:**

**MAIL:**

**Christina Beall  
SJC Aerospace Academy  
13735 Beamer Rd.  
Box 422  
Houston, TX 77089**

**FAX:**

**(281)929-4688  
Attn: Christina Beall**

**EMAIL:**

**[Christina.beall@sjcd.edu](mailto:Christina.beall@sjcd.edu)**

**Application Deadline is May 28<sup>th</sup>!**



