## University of Nebraska-Lincoln Astronomy Camp Application Student Section

Name:						
Address:				City:		
State:	Zip:	High	School:			
Telephone#:				E-mail:		
Grade Level (at tim □ Freshman	e of application): □ Sophomore	□ Junior		Senior	Gender: □ Male	□ Female
( <b>Optional</b> ) Predor □ Caucasian □ Asian		rican	□ Hispa □ Othe			

Essay Question: Please be as responsive as you can. Your response (typed preferred) should be 300 words or less.

Describe your interest in astronomy. What previous experiences have you had in astronomy? What was • it about these previous experiences that encouraged you to apply for this summer camp?

How to Apply: The second half of this application contains a personal reference form that a teacher, guidance counselor, or principal at your high school who is familiar with your work should fill out. They are asked to indicate whether they believe you have sufficient academic background to successfully complete the camp. Give this second form to the teacher providing your reference and ask them to mail it when complete.

Name of Reference: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Attach your essay to this form and mail to the following address:

UNL Astronomy Camp c/o Shannon Parry Center for Science, Mathematics & Computer Education 251 Avery Hall University of Nebraska Lincoln, NE 68588-0131

Please submit your application by May 15, 2009. Although applications will be accepted until June 1, 2009, we will begin offering spots to students in the camp on May 15. You will be notified of the result of your application by mail. If you are offered a spot in the camp, you will have until June 5, 2009 to indicate your acceptance of the offer by submitting your enrollment fee (\$100 in-state, \$150 out-of-state). This is the only charge for the camp. If we have not received your enrollment fee by June 1 your spot will be offered to another student. Students who are unable to pay the enrollment fee due to financial limitations should contact the Shannon Parry to apply for a need-based scholarship.

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This form is to be completed by a high school teacher, guidance counselor, or principal familiar with the work of the camp applicant. High school students will be attending astronomy classes and living in a university dormitory for approximately one week on the UNL campus. Please indicate your assessment of the student's academic preparedness, maturity, and overall likelihood that they will successfully participate in this camp.

Student App	plicant:	Name of Reference:						
Institution:								
Student's G	<u>'</u> D۸.							
Please rate t following ca	the student (relative		cale of 1 to 5 (5 being highest)					
Academic Motivation		1 2 3 4 5	Math Knowledge	1 2 3 4 5				
Science Knowledge		1 2 3 4 5	Overall Maturity	1 2 3 4 5				
	(i.e. attending all classe	es, participating in all nigh	nt successfully participating in attime observing projects, showing r with others, obeying all rules and re	espect for instructors				
Signature:			Title:					
Please	e mail your reference	e to:						
	UNL Astronomy C c/o Shannon Parry Center for Science 251 Avery Hall University of Nebr Lincoln, NE 68588	, Mathematics & Con aska	nputer Education					