

AHETEMS

Advancing Hispanic Excellence in Technology, Engineering, Math and Science

2010 AHETEMS Space Camp Scholarship



Each year the Advancing Hispanic Excellence in Technology, Engineering, Math and Science (AHETEMS) Foundation makes available a limited number of scholarships for middle school students (Grades 6 – 8) to attend the summer Space Camp, in Huntsville, Alabama. The camp scholarship will include tuition (tuition includes lodging and meals) and airfare cost. ***Please note the scholarship includes airfare and tuition for the student only.*** More information about the Space Camp can be located at <http://www.spacecamp.com/spacecamp/camp/>.

ELIGIBILITY

- Aged 11 – 14 (**At the time they attend the Summer Camp**)
- Middle school student in Grades 6 – 8 at an accredited school
- Hispanic-descent

APPLICATION

- AHETEMS Space Camp Application
- 250-word essay on: ***“Which Hispanic inventor had the most impact in the 20th century? Why?”***
- Letter of Recommendation From a Teacher
- Photograph Release and Consent Form
- Student Demographics Form
- Liability Release, Parent Permission and Emergency Contact Form

DEADLINE

To be considered for a scholarship, students must submit their complete applications to the AHETEMS Office **postmarked by February 15**. Selections will be made by April 1.

SUMMER CAMP DATES

3-Day Space Camps for Age 11 (Wed – Fri)

6-Day Space Academy for Ages 12 – 14 (Sun – Fri)

JUNE 9 – 11	JULY 14 – 16	JUNE 6 - JUNE 11	JULY 11 - JULY 16
JUNE 16 – 18	JULY 21 – 23	JUNE 13 - JUNE 18	JULY 18 - JULY 23
JUNE 23 – 25	JULY 28 – 30	JUNE 20 - JUNE 25	JULY 25 – JULY 30
JUNE 30 – JULY 2	AUG 4 – 6	JUNE 27 – JULY 2	AUG 1 - AUG 6
JULY 7 – 9		JULY 4 - JULY 9	AUG 8 - AUG 13

CONTACT

For more information please visit the AHETEMS Web site at: www.ahetems.org or contact the AHETEMS Office at (817) 272-1116 or ahetems@shpe.org.

AHETEMS

Advancing Hispanic Excellence in Technology, Engineering, Math and Science

2010 AHETEMS Space Camp Scholarship Application

Student's Name: _____

Student's Current Age: _____

Student's Birth Date: _____

Parent/Legal Guardian's Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address (if applicable): _____

Middle School: _____

School Address: _____

School City/State/Zip: _____

School Telephone Number: _____

Grade Level: _____

Math Teacher: _____
Name/Phone/Email

Science Teacher: _____
Name/Phone/Email

Please indicate your first, second, and third choice dates for the Space Camp OR Space Academy:

SPACE CAMP

For Age 11

___ JUNE 9 – 11
___ JUNE 16 – 18
___ JUNE 23 – 25
___ JUNE 30 – JULY 2
___ JULY 7 – 9

___ JULY 14 – 16
___ JULY 21 – 23
___ JULY 28 – 30
___ AUG 4 – 6

SPACE ACADEMY

For Ages 12 - 14

___ JUNE 6 - JUNE 11
___ JUNE 13 - JUNE 18
___ JUNE 20 - JUNE 25
___ JUNE 27 – JULY 2
___ JULY 4 - JULY 9

___ JULY 11 - JULY 16
___ JULY 18 - JULY 23
___ JULY 25 – JULY 30
___ AUG 1 - AUG 6
___ AUG 8 - AUG 13

Mail complete application and forms POSTMARKED by FEBRUARY 15, 2010 to:

AHETEMS Office
c/o AHETEMS Space Camp Scholarship
416 Yates Street, Room 619
PO Box 19019
Arlington TX 76019

Note: No faxed Space Camp Scholarship Applications will be accepted.



Society of Hispanic Professional Engineers, Inc.
NASA Space Camp
PHOTOGRAPHIC/MEDIA RELEASE FORM



Name of Student: _____

Age: _____ School: _____ Grade: _____

I, _____ hereby, give permission to the Society of Hispanic Professional Engineers, Inc. (SHPE) to photograph my child, _____, only **Parent/legal guardian (please print)** **student (please print)** during their participation in the NASA Space Camp program. I further give permission to use their photographs and statements featuring their involvement in the Space Camp activities; for SHPE media publication purposes during or after this event and for NASA sponsorship purposes.

Parent/Guardian Signature Date

Parent/Guardian Telephone: _____

Parent/Guardian Address: _____

Please note: When photographs or quotes are used in SHPE's publications a copy of the publication is sent to the school.



**Society of Hispanic Professional Engineers, Inc.
NASA Space Camp**



STUDENT DEMOGRAPHIC FORM

Student Name: _____

I am in GRADE: 6 7 8 9

I am a: ___ Male ___ Female

My AGE is: 7 8 9 10 11 12 13 14 15

The NAME of my SCHOOL is: _____

The CITY and STATE of my SCHOOL is: _____

I am a (Choose ALL That Apply):

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central/South American | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> black/African American | <input type="checkbox"/> Native American/American Indian | |
| <input type="checkbox"/> white/Anglo | <input type="checkbox"/> Other: _____ | | |

My MOTHER'S HIGHEST EDUCATION is (Choose only ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma | <input type="checkbox"/> GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Bachelors degree | <input type="checkbox"/> Beyond a bachelors |
| <input type="checkbox"/> I don't know | <input type="checkbox"/> I don't have a mother/stepmother | | |

My FATHER'S HIGHEST EDUCATION is (Choose only ONE):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma | <input type="checkbox"/> GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Bachelors degree | <input type="checkbox"/> Beyond a bachelors |
| <input type="checkbox"/> I don't know | <input type="checkbox"/> I don't have a father/stepfather | | |

I have brothers or sisters in college ___ Yes ___ No

I have brothers or sisters who graduated from college ___ Yes ___ No

For LUNCH at SCHOOL, I usually: ___ pay regular price ___ pay a reduced price ___ get a free meal/lunch ticket

I have taken or am taking the following MATH classes (Choose ALL That Apply):

- | | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> General Math | <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Algebra | <input type="checkbox"/> Geometry | <input type="checkbox"/> Algebra II |
| <input type="checkbox"/> Trigonometry | <input type="checkbox"/> Pre-Calculus | <input type="checkbox"/> Calculus I | <input type="checkbox"/> Calculus II | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Other: _____ | | | | |

I have taken or am taking the following SCIENCE classes (Choose ALL That Apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> General Science | <input type="checkbox"/> Earth/Physical Science | <input type="checkbox"/> Integrated Science/Lab | <input type="checkbox"/> Biology I |
| <input type="checkbox"/> Biology II | <input type="checkbox"/> Chemistry I | <input type="checkbox"/> Chemistry II | <input type="checkbox"/> Physics (not physical sci.) |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Intro Computer Science | <input type="checkbox"/> Computer Programming | |
| <input type="checkbox"/> Other: _____ | | | |

I like MATH: ___ Very Much ___ Much ___ Some ___ Very little ___ Not at All

I like SCIENCE: ___ Very Much ___ Much ___ Some ___ Very little ___ Not at All

I want to go to college: ___ Yes ___ No ___ I Don't Know

IF you want to go to college, where do you want to go? _____

IF you want to go to college, what do you WANT TO STUDY? _____

What type of job/career do you want to work? _____

BEFORE TODAY, how many SHPE activities have you attended? _____



**Society of Hispanic Professional Engineers, Inc.
Advancing Hispanic Excellence in Technology, Engineering,
Math and Science - AHETEMS**



**LIABILITY RELEASE, PARENT PERMISSION AND EMERGENCY
CONTACT FORM**

I hereby state that I, _____, am the custodial
parent/legal guardian (please print)

parent or legal guardian of _____, a minor. I therefore, grant
student (please print)

permission for this student to attend/participate in any sponsored field trips or to attend any authorized activities as part of the NASA Space Camp Program.

I understand that the Society of Hispanic Professional Engineers, Inc. (SHPE) and its affiliated staff will not be liable for any unauthorized leave by the above named student. I further understand that such unauthorized leave will be the responsibility of the student and the parent or the legal guardian as the signatory below.

I, _____, release and save harmless SHPE and any and all of
parent/legal guardian (please print)

its employees or volunteers from any and all liability for any and all harm arising to my son/daughter as a result of the field trips and/or activities, and waive any claims against them.

In the event of an emergency and if neither emergency contact can be reached; I, the undersigned, authorize SHPE to take any emergency medical measures deemed necessary for the care and protection of my child. This includes, if necessary, treatment by a physician, paramedic, and/or transfer to the hospital. I give permission for limited treatment for minor illness and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent or under insurance provided by the student's insurance.

Students should immediately report any injury or illness symptom to the chaperone or SHPE. Failure to report such a condition would be the sole responsibility of the student, and SHPE would not be held responsible in case the situation worsens.

In case of emergency, please contact the following:

Emergency Contact #1 Name _____ Relationship _____ Home Phone (____) _____ Work Phone (____) _____	Emergency Contact #2 Name _____ Relationship _____ Home Phone (____) _____ Work Phone (____) _____
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Parent/Guardian Signature

Date

Name of Student (PLEASE PRINT)

___/___/___
Date of Birth

Age of Student

Name of School