The American Museum of Natural History Summer Science Institute is open to all high school students...For more information see below...

Important Note: If you are selected for the internship, please inform Mr. Honor immediately via email at: bths.internship@gmail.com
Application for Summer 2012

APPLICATION DEADLINE: June 25, 2012

This application is for the American Museum of Natural History’s High School Summer Science Institute (SSI), in which students learn science through engaging, hands-on activities and use of Museum resources. SSI is composed of 2 one-week programs:

   Week 1: Astrophysics and Earth & Planetary Sciences (August 20-24)
   Week 2: Biodiversity, Conservation Genetics, Paleontology and Anthropology (August 27-31)

SSI will also introduce you to the Museum’s high school programs: The After School Program, the Science Research Mentoring Program, YouthCan and the Saltz Internship Program. To find out more about our high school programs, visit our website at http://education.amnh.org.

Fee-waivers and half-price discounts are available based on need. The fee for each one-week institute is $300. 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 79th Street
New York, NY 10024
(t) 212-496-3529
(f) 212 313-7868
(f) 212-769-5329

Applications are due by June 25, 2012
Please contact the After School Program Coordinator at 212-496-3529 or 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: _______________________________________________________________________________________

WHOM DO YOU LIVE WITH? PARENT___LEGAL GUARDIAN___OTHER (Explain)_______

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**1) PARENT/LEGAL GUARDIAN’S PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Last  First  Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with Student: Parent______ Legal Guardian*_______</td>
<td></td>
</tr>
<tr>
<td>*If you have marked Legal Guardian, please explain relationship with child. Grandparent) Aunt  Uncle  Brother  Sister  Other (Describe)______________</td>
<td></td>
</tr>
</tbody>
</table>

Current Address: __________________________________________

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>Apt#</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Phone: Home ___________ Cell___________ Work________________

| Area Code + Number | Area Code + Number | Area Code + Number |

E-Mail (1): __________________ E-Mail (2): __________________

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**2) PARENT/LEGAL GUARDIAN’S PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Last  First  Middle</th>
</tr>
</thead>
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Phone: Home ___________ Cell___________ Work________________

| Area Code + Number | Area Code + Number | Area Code + Number |

E-Mail (1): __________________ E-Mail (2): __________________
### 1) EMERGENCY CONTACT PERSONAL INFORMATION

Name: ___________________________________________  
Last First Middle  
Relationship with Student: Parent_____ Legal Guardian_____ Other (Please explain)__________________________

Current Address: 
Number and Street __________________________  
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 __________________________  
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'S EDUCATION INFORMATION

#### MIDDLE SCHOOL ATTENDED

<table>
<thead>
<tr>
<th>Name Middle School attended:</th>
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<tbody>
<tr>
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<td>Telephone:</td>
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<td>E-Mail:</td>
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<td>Area Code + Number</td>
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</tbody>
</table>

### HIGH SCHOOL ATTENDED/ATTENDING

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<thead>
<tr>
<th>Name of High School:</th>
<th>Grade:</th>
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<td>State</td>
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<td>Graduation Year:</td>
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<td>E-Mail:</td>
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<td>Area Code + Number</td>
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### SCHOOL IN FALL (IF DIFFERENT FROM ABOVE)

<table>
<thead>
<tr>
<th>School Attending Next Fall:</th>
<th>Grade going into ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Number and Street</td>
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</tbody>
</table>
**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 the program, 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, accurately and completely.

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 programs you have participated in. This includes Public Programs, After School courses, Members Programs, etc. (Don’t worry if you haven’t participated in any programs 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 honors or other special awards (such as science fairs) that you would like us to know about.

Please check the program you are interested in attending. You may select both:

_______ Week 1: Astrophysics and Earth & Planetary Sciences, August 20-24, 2012

_______ Week 2: Biodiversity, Conservation Genetics, Paleontology and Anthropology, August 27-31, 2012

Signature of Student:__________________________________ Date:_______

Signature of Parent:__________________________________ Date:_______

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