



# AEROSPACE EDUCATION: MTPE APPLICATION

Nominated by (University Name): \_\_\_\_\_

Circle One:                      Original Nominee                      Alternate

## I. General Information

Full Name:

\_\_\_\_\_

Preferred Name:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ School Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ School Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Any food allergies or special dietary needs: \_\_\_\_\_

\_\_\_\_\_

Any medical conditions that might require emergency treatment: \_\_\_\_\_

\_\_\_\_\_

Any other allergies (medicines, etc.): \_\_\_\_\_

Weight (this information is necessary for determining proper load and balance for the orientation flight and will be kept confidential): \_\_\_\_\_

Who to contact in case of an emergency and phone number: \_\_\_\_\_

\_\_\_\_\_

Which best describes you? (This information is voluntary and is requested for reporting purposes only in accordance with the 1968 Civil Rights Act as amended.)

White       American Indian       Asian       Hispanic  
 Black       Mexican American       Puerto Rican       Other \_\_\_\_\_

If you are a student at a University:

Graduate       Undergraduate

Major: \_\_\_\_\_

How Many Years Left Until Graduation: \_\_\_\_\_

If you are a classroom teacher:

Grade level and subject area: \_\_\_\_\_

Years taught at each grade level and subject: \_\_\_\_\_

**Your application must include the following items:**

- 1. This completed form.**
- 2. An essay (100) words or less explaining how you will use what you learn in your classroom.**
- 3. Two letters of recommendation (at least one from an administrator or professor).**

***All applications are due no later than 5PM on Thursday, December 17<sup>th</sup>, 2009. All applications and those nominated by university affiliates will be reviewed. Eighteen teachers will be chosen to attend MTPE. All others will be placed on the alternate list. Notification of acceptance will go out by January 11<sup>th</sup>.***

**Please fax your application to:**

Stephanie Ponder, Project Coordinator  
Oklahoma NASA Space Grant Consortium  
Fax # 405.325.5537  
Phone # 405.325.6559