

2003 High School Shadowing Program

National Aeronautics and Space Administration
John H. Glenn Research Center at Lewis Field
Cleveland, Ohio



Program Goal

Shadowing at the Glenn Research Center is intended to provide selected high school students with an opportunity to explore career possibilities under the mentorship of a scientist, engineer, technician, or administrative personnel.

Program Objective

Students will depart from NASA Glenn with knowledge that will be of value to them in making career decisions. Students will also be provided with information regarding the various programs available to them by NASA Glenn, as well as information on various careers and career paths.

Eligibility

Participation in the NASA Glenn High School Shadowing Program is open to students who have demonstrated an interest in a career in science, mathematics, engineering, or related technical fields and administrative areas. Students must be recommended for an internship by a teacher, guidance counselor, or other school official.

Students must be at least 16 years old and a U.S. Citizen.

Program Duration

Students may shadow for 1 day and not more than 1 week. Students who request an internship longer than 1 day must be part of a formal school career program and provide NASA Glenn with the school's program guidelines. Student requests will be accepted on a first-come, first-served basis.

Because of the program's short duration and intensity, students must agree to complete the shadowing experience between the hours of 9:00 a.m. and 3:30 p.m. Students must commit to a 6-hour workday. Students who are participating in longer formal school career programs (2 days to 1 week) must be available every business day on a full-time basis for the duration of their program.

Application

Students must complete and return the enclosed application and forms, along with **one copy of their birth certificate and one copy of the entire application package. Incomplete applications will not be processed.** No placements can be made without the signature of a parent/guardian (if applicable) and recommending school official.

Please understand that shadowing placements are dependent upon the availability of appropriate Glenn mentors and facilities. The Office of Educational Programs cannot guarantee an internship and will not sign any forms that state an internship is guaranteed.

The Office of Educational Programs reserves the right to terminate a shadowing experience at any time.

To obtain an application contact

NASA Glenn Research Center
Office of Educational Programs
216-433-6656

Schedule

	Application deadline	Notification of selection by
Session I February 18 to March 31, 2003	December 20, 2002	February 4, 2003
Session II April 28 to May 30, 2003	March 4, 2003	April 14, 2003

Office of Educational Programs—Shadowing Program

STUDENT APPLICATION FORM

Please type or print in black ink only.

Name _____
Last First MI

Social security number _____

Male Female

U.S. Citizen Yes No

Date of birth _____

Place of birth _____
City, state, country

Mailing address _____

City State Zip code

Permanent address _____

City State Zip code

Telephone (_____) _____

Telephone (_____) _____

Alternate telephone (_____) _____

Alternate telephone (_____) _____

E-mail address _____

Current school name _____

City, state, zip code _____

Current grade _____

Academic level as of fall 2002

Cumulative GPA _____ out of 4.0
(Minimum eligibility: 3.0 GPA)

- | | | |
|---------------------------------------|--|------|
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> College freshman | (13) |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> College sophomore | (14) |
| <input type="checkbox"/> HS freshman | <input type="checkbox"/> College junior | (15) |
| <input type="checkbox"/> HS sophomore | <input type="checkbox"/> College senior | (16) |
| <input type="checkbox"/> HS junior | <input type="checkbox"/> Master student | (17) |
| <input type="checkbox"/> HS senior | <input type="checkbox"/> Ph.D. student | (18) |
| | <input type="checkbox"/> HS teacher | (19) |

Credit hours earned as of May/June 2002 _____

Total credit hours required for graduation _____

Planned graduation date _____

Have you previously participated in a NASA or Federal program? Yes No

Check any of the following NASA programs you have applied for (A) or participated in (P) previously, and indicate the year.

(A)	(P)	Year	(A)	(P)	Year		
<input type="checkbox"/>	<input type="checkbox"/>	NASA SHARP	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA Student Involvement Program (NSIP)	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA PLUS	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA Project	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA SHARP PLUS	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA SEMAA Project	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn Explorers	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA FIRST	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn Shadowing Program	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA/TSU College Bound	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn/East Tech Partnership Program	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____

How did you learn about the program?

- Inquiry to NASA about summer opportunities
- Office of Educational Programs staff member
- Group visit to the Center
- Faculty member or school official
- Relative who works for NASA/NASA contractor

<input type="checkbox"/> NASA Web site	<input type="checkbox"/> Office of Educational Programs Web site	<input type="checkbox"/> Other (please specify) _____
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OFFICE USE ONLY

Date received _____

13 14 15 16 17 18 19

PR requirement \$ _____

Date processed _____

Office of Educational Programs—Shadowing Program

STUDENT APPLICATION FORM

Duration of shadowing experience you are requesting One day (9:00 a.m. to 3:30 p.m.)
 Other (not more than 1 week, consecutive days)

If you checked other, please indicate duration and name of school career program _____

Please specify the actual date(s) you wish to attend NASA Glenn (according to dates listed under the “**Schedule**” portion of the program outline) _____

Please provide one optional date _____

Do you know an employee who would be willing to be your mentor?

No Yes _____ (216) _____
Name of employee *Employee phone number*

If yes, has this employee **verbally** committed to mentoring you on the dates specified on this application?

Yes No Comments _____

Name and signature of recommending teacher, guidance counselor, or school official

_____/_____
Print name *Signature*

Position _____ Date _____

School telephone (_____) _____ Fax (_____) _____

E-mail address _____

Please complete and return all forms no later than the dates specified. Incomplete applications or applications received after specified dates will not be processed. Return all forms to

**NASA Glenn Research Center
Attn Shadowing Program Mail Stop 7-4
21000 Brookpark Road
Cleveland Ohio 44135**

Please complete the following to assist with placement:

The following are the areas that mentors are available for shadowing experiences:

Please mark with an "X" the type of person you would like to shadow. **Please only mark one box.**

Aerospace engineer

Mathematician

Chemical engineer

Trades (please specify)

Computer engineer

Electrical engineer

Additional comments (*Please elaborate on any specific area or type of experience that is of interest to you.*)

STUDENT ESSAY

Write a narrative statement giving your reason for requesting a shadowing internship at the NASA Glenn Research Center. Briefly state the benefits you expect to gain from your internship.

Please list and elaborate on some of your goals for the next 2 to 5 years.

Please list any classes you have taken, or are currently taking, that are conducive to your shadowing experience (i.e., math, science, computer, special education, etc.)

What types of questions are you planning to ask your mentor?

WAIVER OF COMPENSATION

Whereas, the undersigned student desires to enter upon the premises of the Glenn Research Center of the National Aeronautics and Space Administration for the purposes of observing Government research and development activities and to use the facilities of the Center to conduct educational research projects; and

Whereas, permission has been granted by the Center to enter the premises and to use the facilities, subject to revocation at any time;

Now, therefore, the undersigned student, in consideration of the foregoing, hereby waives and forever releases the United States—for self, executor, administrator, heirs, and assigns—from any claim for wages, salary, or compensation of any kind which may arise out of, or in any way be connected with, tasks or services that may be performed by the undersigned during this student's visit to the Center.

Witness

Signature of student

Date

*Signature of parent**

Date

*Parent's signature required if student is under 18 years of age.

STATEMENT OF UNDERSTANDING

As a participant in the NASA Glenn High School Shadowing Program, please be advised that you will not be considered an employee of the Glenn Research Center. Like other visitors, you will be subject to the Center's safety and security regulations. Our employees will advise you concerning problems you may encounter or answer any questions you may raise. The thrust of your experience is toward educational enrichment rather than any benefit to the Government, NASA, or this Center. Any such benefit will be coincidental to the above purpose.

You should understand the above, and be aware that in the event of accident or injury while at Glenn, you will not be covered by any compensation plan available to employees. Your status will be that of visitor.

Please indicate your acceptance of these conditions by signing the acceptance line below, and on the following page. If you have not yet reached the age of 18 years, please have your parents accept these conditions on your behalf.

Signature of student

Date

*Signature of parent**

Date

*Parent's signature required if student is under 18 years of age.

EMERGENCY MEDICAL AUTHORIZATION
NASA Glenn Research Center

Name of student _____

Address _____

Home telephone number _____

Name of parent/legal guardian _____

Telephone number where parent or guardian can be reached between 8:00 a.m. and 5:00 p.m.

Name, telephone number(s), and relationship of other custodial parent or emergency contact.

Facts concerning the student's medical history to which the physician should be alerted

Allergies _____

Medications taken _____

Physical impairments _____

Other _____

List any specific accommodations required for a student with a disability.

In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.

Signature of parent

Date

**NASA Glenn Research Center
Shadowing Program 2003
Application Check List**

1. _____ Complete application (all signatures included)
2. _____ Copy of birth certificate
3. _____ One copy of entire application package
4. _____ Background Survey

Note: All application packages **MUST** be postmarked or hand-stamped by our office no later than the application deadline. Late applications will not be accepted.

Please return all complete application packages to the following address:

NASA Glenn Research Center
Attn Shadowing Program, Mail Stop 7-4
21000 Brookpark Road
Cleveland, OH 44135

You will be contacted as to your selection status by the date indicated on the
Schedule section of this application.

Office of Educational Programs—Shadowing Program

BACKGROUND SURVEY

Name _____ Male Female

In order to determine the degree to which members of each ethnic/racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is VOLUNTARY.

1. Racial background

- a. African-American/Black
- b. Asian/American*
- c. Caucasian/White
- d. Hispanic/Latino
- e. Native American or Alaska Native
- f. Pacific Islander/Native Hawaiian**
- g. Other, please specify: _____

2. Individual with disabilities***

- a. Yes No
- b. If yes, please specify. _____
- c. Please list any special accommodations required.

*This includes, for example, China, India, Japan, and Korea.

**This area includes any of the original peoples of Hawaii; the U.S. Pacific Territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory of Palau; the Islands of Micronesia and Melanesia; and the Phillipines.

***A person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.