



SSEP Student Spaceflight Experiments Program

A program of the National Center for Earth and Space Science Education (NCESSSE) and the Arthur C. Clarke Institute for Space Education

SHS Student Application

Student Name: _____ ID# _____ Grade Level: _____

Student Phone #: _____

Science Teacher Name: _____ Math Teacher Name: _____

Science class Period #: _____ Math class Period #: _____

Why are you interested to participate in the Student Spaceflight Experiments Program?

Which experiment related field interests you? (Check all that apply)

Physics Biology Chemistry

Teacher recommendation: (To be filled out by a math or science teacher) in one to two sentences, please describe why do you feel the student is a good candidate for the SSEP.

Teacher Signature: _____ Date: _____

Parent Signature: _____ Date: _____ Phone #: _____

Please return this application to you math or science teacher by August 29, 2017. You can also bring the application to Mrs. Garvis in Room 709.

You will be notified if you have being accepted to be part of the Student Spaceflight Experiments Program by September 1, 2017. If accepted, please plan to attend our first mandatory meeting on Tuesday, September 5 in room 709 @ 3:10 PM