

ASTRONOMER APPLICATION

PERSONAL INFORMATION

Name _____

Work Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Number of years with this employer _____

Home Phone () _____

Work Phone () _____ Fax () _____

Employer _____

E-mail _____

Position _____

Teams of two astronomers from the same group or institution are encouraged to apply. List the name of your partner.

(please print)

ASTRONOMER BACKGROUND

1. Briefly describe your background and experiences in astronomy.

6. What grade levels do you prefer (circle all that apply)

1 2 3 4 5 6 7 8 9 (it doesn't matter)

2. Describe any experiences you have working with schools or explaining astronomy to students or the public:

7. We will make every effort to place you in a school that is convenient to you. List possible areas where you would prefer to volunteer.

3. Describe any other experience working with children:

8. How far are you willing to travel to your partner school?

4. List astronomy organizations you are affiliated with:

9. How did you hear about Project ASTRO?

5. In what ways do you see yourself contributing to student learning and enjoyment of astronomy at a local school?

10. If through a Project ASTRO partner, please give name.

Your signature _____

Date _____