



Oklahoma Science Adventure

Application 2020: STUDENT SECTION

- Application deadline is **March 31, 2020**
- A completed application will include Student, Parent/Guardian and Teacher Sections.
- Applications which are incomplete in any area will not be considered or accepted to Oklahoma Science Adventure.
- Print clearly.
- The Teacher Section of the application must be sent **directly** to the museum from the teacher (email, fax and mailing address below).
- All sections of the application may be sent by :
 - Email – explorology.samnoblemuseum@ou.edu / Saved as a PDF
 - Fax - (405) 325-4436 / Attn: ExplorOlogy
 - Postal Mail – ExplorOlogy, Sam Noble Museum,
2401 Chautauqua Ave. Norman, OK 73072.
- 30 finalists will be selected from all applicants to participate in a group interview at the Sam Noble Museum or a telephone interview.
- Only **14 students** will be selected for this residential outdoor science adventure week!

Student Name _____
 First Last

Street Address _____

City/Town _____ Zip/Postal Code _____

County _____ School Name _____

Email _____ Telephone (____) _____

Date of Birth ____/____/____ Age _____ Male Female

Which grade are you currently enrolled in this academic year?

Six Seventh Eighth

How did you hear about Oklahoma Science Adventure?

Teacher Fellow Student Program at my school

Website Relative Newspaper

Other _____

Have you applied to Oklahoma Science Adventure before?

Yes

No

Unsure

Please print and use complete sentences to answer the following questions.

Use additional paper if needed.

1. Why are you interested in participating in an Oklahoma Science Adventure?

2. What types of outdoor or science programs have you done in the past (summer camp, science fair, youth ambassador, 4-H, scouts, other clubs)? Why did you like them?

3. This is an outdoor science program. What types of things do you like to do outdoors and in nature and why?

4. Define science in your own words. Why do you like science?

5. You will be working with other students and scientists to “do science” and learn about Oklahoma’s environment. Please give an example of how you work well in a team.

6. Why should you be selected for Oklahoma Science Adventure?

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2401 Chautauqua Ave. Norman, OK 73072
Fax (405) 325-4436



Oklahoma Science Adventure

Application 2020: PARENT/GUARDIAN SECTION

Student's Name _____

School _____

- Application deadline is **March 31, 2020** (postmarked).
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- Print clearly.
- The Teacher Section of the application must be sent **directly** to the museum from the teacher (email, fax and mailing address below).
- All sections of the application may be sent by :
 - Email – explorology.samnoblemuseum@ou.edu / Saved as a PDF
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 - Postal Mail – ExplorOlogy, Sam Noble Museum,
2401 Chautauqua Ave. Norman, OK 73072.
- 30 finalists will be selected from all applicants to participate in a group interview at the Sam Noble Museum or a telephone interview.
- Only **14 students** will be selected for this residential outdoor science adventure week!

Parent/Guardian Name _____
First Last

Street Address _____

City/Town _____ Zip/Postal Code _____

Telephone Number (Home) (____) _____ (Work) (____) _____

Email _____ Profession _____

Other parent/guardian (if applicable):

Parent/Guardian Name _____
First Last

Street Address _____

City/Town _____ Zip/Postal Code _____

Telephone Number (Home) (____) _____ (Work) (____) _____

Email _____ Profession _____

Please provide short answers to the following questions.

1. Has your child participated in an overnight program before? Will your child be comfortable spending a week away from home with limited contact?
2. What other science-based programs has your child participated in during the last 2 years (science clubs, summer science programs, science fair competition, etc.)?
3. This is an outdoor science-based program. Does your child enjoy outdoor activities? Please give examples.

4. Why would you like for your child to participate in this program?

If selected as one of thirty finalists, your child must participate in a final interview to be considered for selection. Please indicate your availability below (check all that apply):

- Saturday, May 2, 2020 10:00 - 11:00 a.m.
- Saturday, May 2, 2020 11:00 a.m. - 12:00 p.m.
- Saturday, May 2, 2020 1:00 - 2:00 p.m.
- Saturday, May 2, 2020 2:00 - 3:00 p.m.
- We will not be able to attend any of these sessions. Please contact me to schedule a telephone interview.

I give my permission for my son/daughter to apply and participate in ExplorOlogy®.

I understand that I will need to provide transportation to and from the Sam Noble Museum at the University of Oklahoma in Norman.

I certify that to my knowledge the information in this application is completed factually, accurately and honestly.

I understand that the information I have provided in this application may be subject to verification.

Parental / Guardian Consent _____ Date _____

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Oklahoma Science Adventure

Application 2020: TEACHER SECTION

Student's Name _____ School _____

Dear Teacher,

The student named above has applied to participate in Oklahoma Science Adventure, a summer program at the Sam Noble Museum at the University of Oklahoma that engages Middle School students in "doing" science!

Only **14 students** will be selected for this residential outdoor science program. This year students will spend one week outside exploring natural sciences in Oklahoma.

We would appreciate your honest appraisal of the applicant. If you are providing references for multiple students, please be aware that no more than one student could potentially be selected from your school. Please take this into consideration when completing the questions below.

Recommendations must be sent directly to the museum:

Email – explorology.samnoblemuseum@ou.edu / Saved as a PDF / Subject: OSA "Student Name"

Fax - (405) 325-4436 / Attn: ExplorOlogy

Postal Mail – ExplorOlogy, Sam Noble Museum
2401 Chautauqua Ave. Norman, OK 73072

Recommendation is due at the museum no later than **March 31, 2020**. (Postmarked)

Teacher Name _____
First Last

Name of School _____

School Address _____

City/Town _____ Zip/Postal Code _____

County _____

District Name _____

School/Daytime Telephone Number (_____) _____

Teacher Email _____

How many students attend your school? _____

4. Please provide us with your candid opinion of the student's social, intellectual and personal capabilities. Please reference: personal integrity, academic ability, self-confidence, work habits, and teamwork skills.

5. Students will be working with peers and scientists. What strengths does this student possess that will make him/her a good team member?

Indicate strength of overall endorsement by checking the appropriate box.

- Not Recommended
- Recommended with Reservation
- Recommended
- Highly Recommended

Teacher Signature _____ Date _____

By signing my name above, I certify that to my knowledge that the information in this application has been completed accurately and honestly.

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