



State of Arizona

**Department of Education**

**Tom Horne**  
Superintendent of  
Public Instruction

**MEMORANDUM**

**DATE:** February 8, 2010

**TO:** Migrant Education Program Coordinator

**FROM:** Mary Frances Haluska  
Migrant Education Program Specialist

**SUBJECT:** U.S. Space Camp Academy

This is a once in a lifetime opportunity for our migrant seventh and eighth graders and teachers. I am sure that we have migrant education students enrolled in your schools who would be interested in this great educational adventure.

This year the date for **Space Camp** is **July 18-23, 2010** in Huntsville, Alabama for the student. The costs for room/board, flight and registration are all paid by the State Migrant Education Program. Since the Migrant Education Program does not offer extra spending money, we ask that the student take money for necessities or souvenirs. The Migrant Program does not pay for luggage fees.

Attached are the forms that need to be completed and returned to ADE by **5:00 p.m.** on **March 17, 2010**. Incomplete applications will not be considered. Please mail the completed packet to:

**Arizona Department of Education (ADE)**  
**Attention: Mary Frances Haluska, Bin#14**  
**1535 W. Jefferson**  
**Phoenix, AZ 85007**  
**602.542.5169**  
**Fax: 602.542.5175**

**STUDENT APPLICATION FOR SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
ARIZONA MIGRANT EDUCATION PROGRAM 2010**



**Items to be submitted:**

The enclosed forms are to be completed by each **student nominee** and the school **principal**. (All completed forms **MUST** be typed and double-spaced.)

**Part A:** To be completed by the **student nominee** and returned to the **District Migrant Coordinator**.

This part requires a recent headshot **photograph** (A1) which will not be returned. This photo may be used in news releases and other publications related to Space Camp. The next part, (A2) is the "Student Nomination Form". It contains an area for general contact data and an **essay** prompt. Please note that essays are evaluated using the standard 6 traits rubric.

**Part B:** Parental authorization forms. (B1 and B2) To be completed by the **parent/guardian** of the student nominee and returned to the **District Migrant Coordinator**.

**Part C:** To be completed by the **principal** and returned to the **District Migrant Education Coordinator**.

This part includes a general **academic information** section (C1) and a written **recommendation** (C2) from the nominee's principal. Please provide a grade transcript and a copy of the student's most current Certificate of Eligibility (COE). All data will remain confidential.

The District Migrant Education Coordinator will send all completed packages to:

Arizona Department of Education (ADE)  
Attention: Mary Frances Haluska, Bin #14  
1535 W Jefferson  
Phoenix, AZ 85007

ALL QUESTIONS SHOULD BE DIRECTED TO Mary Frances Haluska at (602) 542-5169.

Deadline for applications is 5:00 pm, **March 17, 2010**.  
Incomplete applications will not be considered.

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010**

**STUDENT NOMINEE  
Part A1**

In the space below, please attach a recent headshot photograph suitable for reproduction. A black and white photograph is preferred, but color is acceptable.

**PLEASE DO NOT FOLD THE PHOTOGRAPH**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME/MESSAGE PHONE:** \_\_\_\_\_

**\*PARENT/GUARDIAN PERMISSION TO USE PHOTOGRAPH (required)**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010  
STUDENT NOMINATION  
Part A1**

(To be completed by the **nominee** and returned to the **District Migrant Education Coordinator**.)

**Nominee's Name and school:**

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**Nominee's Home Address:**

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**Parent/guardian Name(s):**

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**Home/Message Phone:** \_\_\_\_\_

The Selection Committee values your achievements and activities as well as the manner in which you present yourself and represent Arizona. The information you provide in response to the essay prompt will be used by the Committee to evaluate your candidacy as an Arizona Representative to Space Camp. Do not be modest. (Attach additional pages if needed, maximum 200 words.)

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010  
STUDENT NOMINATION  
Part A2**

Prompt #1 Think about your extra-curricular activities and special talents, both at school and in the community. What goals do you have for yourself? What have you done to reach your goals? What obstacles have you had to overcome? (Attach additional pages as needed, maximum 200 words.)

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Student signature and date



**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010  
PARENTAL AUTHORIZATION FORM**

**Part B2**

(To be completed by the parent/guardian and returned to the District Migrant Education Coordinator.)

Parent/Guardian Authorization:

As the parent/guardian of \_\_\_\_\_, I:

- a) Give my permission for him/her to attend the Migrant Education Close Up Program and participate in all programs activities; and
- b) Give my permission to program staff to secure emergency medical, dental or hospital treatment him/her including providing aspirin, Tylenol, cough drops or over the counter medication as needed.
- c) I understand that the school district, program staff, the Arizona Migrant Education Program shall NOT be held responsible or liable for any accident that may occur during the program.
- d) Understand that my child is responsible for his/her personal costs during this educational opportunity including luggage fees incurred.
- e) Have notified the program staff that my child does/does not have a need for medical treatments and/or allergies.

If medical treatments or allergies, please list:

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Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010  
PARENTAL AUTHORIZATION FORM**

**Part B2**

Parent/Guardian Authorization:

Como padre/guardian de \_\_\_\_\_, yo:

- a) Doy permiso para que el/ella asista a Close Up de Programa Migrante y participe en toda las actividades; y
- b) Doy permiso al personal del Programa para que obtengan servicios medicos de emergencia, de hospital o dentista para el/ella, incluyendo aspirina, Tylenol, pastillas para la tos y otros medicamentos de farmacia.
- c) Yo entiendo que el Distrito Escolar, el personal del Programa, y ni el Programa Migrante del Estado seran responsables o culpables por accidentes que pueden resultar cuando mi hijo/hija este participando en el programa.
- d) Entiendo que mi hijo/a es responsable por sus gastos personales durante esta oportunidad educativa incluyendo tarifas de equipaje.
- e) He notificado al personal del programa que mi hijo/a no requiere necesidad de tratamiento médico y no tiene ni alergias.

Si requiere tratamiento medico o tiene alergias, favor

\_\_\_\_\_  
\_\_\_\_\_  
Firma de padre/guardian: \_\_\_\_\_ fecha: \_\_\_\_\_

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010**

**STUDENT NOMINATION  
Part C1**

(To be completed by the principal)

**Principal's Name:** \_\_\_\_\_

**Nominee's Name:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_

**Nominee's Grade level in year 2008-2009** 7<sup>th</sup> or 8<sup>th</sup> (circle one)

**\*Nominee's COESTAR # \_\_\_\_\_ AND ATTACH A COPY OF THE COE.**

**\*PLEASE ATTACH A GRADE TRANSCRIPT TO THIS FORM.**

**SPACE CAMP AND ROCKET CENTER  
HUNTSVILLE, ALABAMA  
2010**

**STUDENT NOMINATION  
Part C2**

(To be completed by the **principal** and returned to the **District Migrant Education Coordinator.**)

Name of student nominee: \_\_\_\_\_

Principal's recommendation: (Attach additional pages as needed, maximum 100 words.)

\_\_\_\_\_  
Principal's signature and date

# Arizona Migrant Education Program 2010



## Space Camp Application for Local Educational Agency Teacher or MEP Staff

### Items to be submitted:

#### 1. To be completed by applicant:

Information/Authorization Form (1A)

Essay-must be typed and double-spaced (1B)

#### 2. To be completed by a peer of the applicant:

One letter of Recommendation (2A)

#### 3. To be completed by the school principal:

One letter of Recommendation (3A)

Submit completed packet to:

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Attention: Mary Frances Haluska, Bin#14  
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**Deadline is 5:00pm, March 17, 2010. Incomplete applications will not be considered.**

**ARIZONA MEP 2010**

**SPACE CAMP**

**TEACHER or MEP STAFF INFORMATION FORM**

**1A**

(To be completed by applicant and returned to District Migrant Education Coordinator.)

The applicant needs to be employed by the district from which they are applying at the time of the program.

Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of School District: \_\_\_\_\_

T-Shirt Size; \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact telephone number: \_\_\_\_\_

Name of doctor and phone: \_\_\_\_\_

Medical alert/advisories: \_\_\_\_\_

I understand that the school district, program staff, the Arizona Migrant Education Program shall NOT be held responsible or liable for any accident that may occur during the program.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ARIZONA MEP 2010**

**SPACE CAMP**

**TEACHER or MEP STAFF NOMINATION FORM**

**2A**

(To be completed by a **peer** of the teacher or MEP staff applicant and returned to District Migrant Education Coordinator.)

Name of nominee:

Name and title of person making the recommendation:

Recommendation: (Attach additional pages as needed, maximum 100 words.)

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Signature and date

**ARIZONA MEP 2010**

**SPACE CAMP**

**TEACHER or MEP STAFF NOMINATION FORM  
PART 3A**

(To be completed by the **principal** and returned to District Migrant Education Coordinator.)

Name of nominee:

Name of principal:

Principal's recommendation: (Attach additional pages as needed, maximum 100 words.)

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Principal's signature and date