FAES-NIH Saturday Science Academy (SSA)*
APPLICATION FORM

All student applicants must complete this form and submit with your essay and Teacher/Parent signatures.
APPLICATION DEADLINE IS DECEMBER 21, 2018

Please **PRINT** clearly and complete all areas (black or blue ink only)

Student Name				
Date of Birth (MM/DD/YYYY)		☐ Male		☐ Female
Home Address				
City		**State**	**Zip Code**	
Parent/Guardian's Name		**Relationship**		
Contact Email Address				
Contact Phone Number (Home)		**Phone Number (Mobile)**		
Name & Address of School				
Grade		**Name & Contact Info of Teacher**		

Eligibility: I declare that the above student is an individual from an underrepresented racial/ethnic group in biomedical sciences; and from a financially disadvantaged background. Select all that apply or write a brief statement:

☐ Black/African-American   ☐ Hispanic/Latino   ☐ American-Indian/Alaska-Native   ☐ Pacific Islander/Native Hawaiian   ☐ Refugee

FAES RELEASE OF LIABILITY

I, _____, (Parent/Guardian) grant permission for my child, _____, (Student) to participate in the Foundation for Advanced Education in the Sciences-National Institutes of Health (FAES-NIH) Saturday Science Academy (SSA) program. I give FAES permission to copyright and publish all or any part of photographs, videos, voice recordings and/or written/spoken statements taken for and during the Program for use in any public relations and/or outreach campaigns or collateral for FAES. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting FAES. I authorize FAES to use our names and brief biographical information. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I agree to hold the FAES, NIH, and SSA staff harmless from any and all claims, loss or damage to my or my child's personal property, liabilities and costs, including attorney's fees, as a result of our participation in this Program, including travel to and from the Program (including air travel) or any events incidental to the SSA. If the SSA incurs any of these types of expenses, I agree to reimburse the SSA.

Laboratory Guidelines: No food or drink is allowed in the lab at any time. Photographs and video cameras are prohibited. Avoid wearing contact lenses; wear glasses if you have them. It is highly recommended that visitors eat prior to coming to the workshop. Act respectfully while in the lab and follow the instructions of the FAES/NIH program staff.

By signing below and submitting this form, you give FAES your consent to call, text and email you at the information above, including your wireless number if provided. Please note that you are not required to provide this consent to receive services from us.

Student Name & Signature		**Date**	
Parent Name & Signature		**Date**	

Please **PRINT** clearly and complete all areas (black or blue ink only)

Student Name	

STUDENT ESSAY

THIS PORTION NEEDS TO BE COMPLETED BY THE <u>STUDENT</u>
In your own words, in the box below, explain: Why do you want to attend a science program?

Student Signature		Date	
Teacher Name and Signature		Date	

SUBMIT FILLED APPLICATION FORM (BOTH PAGES) TO BIOTECH@FAES.ORG BY 5 PM ET ON DECEMBER 21, 2018