



# Virginia Space Grant Consortium (VSGC) Technology Exploration Saturdays

## Student Application Form (7<sup>th</sup> and 8<sup>th</sup> Grade Students)

For students from the Peninsula School Divisions of  
Hampton, Newport News, Poquoson, Williamsburg-James City County, York County,  
Gloucester County, and Isle of Wight County

Focusing on Science, Technology, Engineering, and Math (STEM) Activities  
*Technology of the Future -- Automating the Future -- Creating the Future*

**Students- this application is DUE to your Teacher by January 8, 2024** Teachers –  
please fax or email all applications to Jan Dotzauer by **January 8, 2024**

### Students:

Please complete all information on both sides of this form and have your form signed by a parent or guardian before returning to your teacher. Participants are responsible for their own transportation to all events.

Student Name: _____	Address: _____
City: _____	State: _____ Zip: _____
School: _____	Grade: _____ School Division: _____
Email (student's or parent's required): _____	Home Phone: _____

Parent/Guardian Name (please print): _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Email (required): _____ Cell Phone: _____

### Parents:

I understand that the student named above has applied for the VSGC Technology Exploration Saturdays. If accepted, this student will be asked to attend three Exploration Saturday's events (*Technology of the Future -- Automating the Future -- Creating the Future*) between January and March 2024. Parents should accompany their child for the events. I understand that I am responsible for all transportation to and from the events. By signing below, I approve this application.

Signed (Parent/Guardian): _____	Date: _____
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**(Please complete both sides of this application)**

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**Parents** - Please tell us how you heard about us: \_\_\_\_\_

**Students:** Please provide the following information in the space provided. Do not attach additional pages or information. This information is required for your application for the VSGC Exploration Saturdays. **When you have completed this application, please provide this copy to your teacher.**

**Student Question:** Please describe why you are interested in attending the VSGC Exploration Saturdays. List any activities or hobbies related to science, technology, engineering, or math in which you have participated.

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**Teacher Recommendation Form (required)**  
**(Due to Jan Dotzauer by January 8, 2024)**

**Teachers:** Please indicate your recommendation for this student selection to the VSGC Technology Exploration Saturdays. Enrichment Activities target 7th-8th-grade students demonstrating an interest in science, technology, engineering, and math (STEM) and showing potential for succeeding in academic and technical courses in these areas.

Highly Recommended

Recommended

Not Recommended  
(Please explain)

Comments: \_\_\_\_\_

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Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**Teachers, please email,  
or Fax Applications  
by: January 8, 2024**

Jan Dotzauer  
Virginia Space Grant Consortium 600  
Butler Farm Road, Suite 2253  
Hampton, Va. 23666  
757-766-5210

757-766-5205 (Fax)  
[Jdotzaue@odu.edu](mailto:Jdotzaue@odu.edu)

