## Application Instructions

To apply, please complete the following application. Narrative responses should be no more than two typed pages. Applications may be submitted via e-mail to {STATE CONTACT EMAIL}. Applications submitted by e-mail will receive a confirmation from {STATE LEAD}.

For questions or additional information, please contact {STATE PRIMARY CONTACT}.

**COMPLETED APPLICATIONS MUST BE RECEIVED BY Monday, April 18, 2016.**

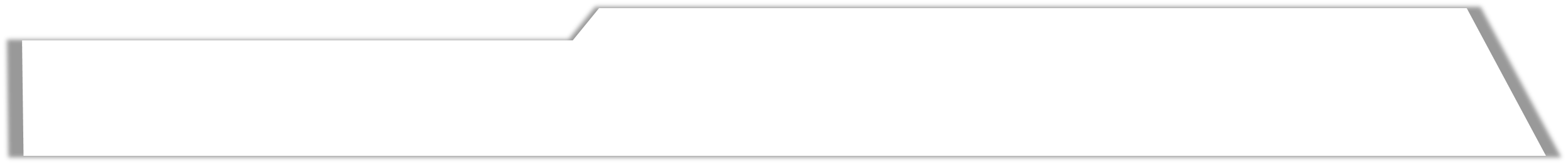
**Applications and any attachment must be submitted via e-mail to XXXXXXX@XXX.com**

**with “Zero Robotics Application” in the subject line.**

## Eligibility

Any public or private school or community-based organization that serves middle school youth is eligible to apply. Programs must serve a team of 10-20 youth for a minimum of 15 hours per week for 5 weeks.

Priority consideration will be given to programs that serve under-represented or under-served populations.   
Each program must have computers and internet access.



Organization Name

Address

Phone Number

Primary Contact

## PART I: Organizational Information

### Organization Information and Community Demographics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ORGANIZATION NAME | | | | |
| ADDRESS | | CITY | | ZIP |
| PHONE | FAX | | WEBSITE | |

### Social Media

|  |  |
| --- | --- |
| TWITTER |  |
| FACEBOOK |  |
| INSTAGRAM |  |
| OTHER |  |

Please place an ‘X’ alongside all that apply:

|  |  |
| --- | --- |
|  | School/School district |
|  | 21st Century Community Learning Center |
|  | Community-Based Organization |
|  | Faith-Based Organization |
|  | Other (please describe) |

### Contact Information

|  |  |  |
| --- | --- | --- |
| EXECUTIVE DIRECTOR AND/OR PRINCIPAL | PHONE | EMAIL |

|  |  |  |
| --- | --- | --- |
| PROJECT COORDINATOR (if different) | PHONE | EMAIL |

### Community Information:

Please indicate the percentage of students in your current program or school.

* Gender: Female: \_\_\_\_\_\_% Male: \_\_\_\_\_\_%
* Low-Income (receiving free or reduced lunch and/or contracts/vouchers/subsidies): \_\_\_\_\_\_%
* Children or youth with diagnosed disabilities: \_\_\_\_\_\_%
* English Language Learners: \_\_\_\_\_\_%
* Racial/Ethnic Demographics

|  |  |
| --- | --- |
| **PERCENTAGE** | **Race/Ethnicity** |
| % | American Indian or Alaska Native |
| % | Asian |
| % | Black or African American |
| % | Hispanic or Latino |
| % | Native Hawaiian or Pacific Islander |
| % | White or Caucasian |
| % | Other |

* Please identify from the above demographics the students that you will specifically target for 2016 participation in Zero Robotics and how you will outreach to them:

## PART II: Narrative

Please respond to the following questions briefly and concisely (no more than 2 typed pages).

### Provide a Brief Description of Your Program and Partners

* Does your organization/school currently offer a STEM course and/or curriculum during the summer?
* If yes, please describe your STEM offerings, any online or printed STEM curricula you have used (i.e. NASA K-12 online curriculum, FIRST, EiE/EA), and explain how the Zero Robotics Project will complement your summer learning program.
* If no, please explain how and why you would like to add a STEM component to your summer program through Zero Robotics.
* Describe any particular experience with computer programming or teaching STEM summer curricula that your staff members or volunteers may have.
* Strong partnerships are essential to a successful Zero Robotics program. Discuss which agencies, organizations, schools, or other service providers you plan to collaborate with on this project. If you have a commitment from these partners, have they agreed to provide volunteers, financial support, or another form of support? If you have not yet engaged partners, please explain why and/or your plan to do so.

**PART III: Required Commitment**

By signing below, you confirm that your program agrees to project commitments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to the following:  
Organization/School name

* My program will serve 10-20 youth for 5 weeks of the summer for a minimum of 15 hours per week (including field trips).
* My program agrees to target underserved and underrepresented youth for this program.
* My program has enough computers for youth to access, utilize, and learn on over the summer.
* My program will identify and hire a Zero Robotics Curriculum Coordinator (also known as your teacher, mentor, or specific educator leading students through the curriculum) who will commit to attend educator training sessions, coordinate the Zero Robotics program, and serve as the main program site contact.
* My program will coordinate transportation to an all-competitor Field Day in the second week of the program.
* My program agrees to coordinate transportation and authorization/permission forms for youth and families to attend the final ISS Competition in the middle of August.
* My program will communicate regularly with the state coordinators and Zero Robotics team.
* The educators, mentors and volunteers agree to provide written feedback on curriculum design and ease of use to the Zero Robotics team.
* My program agrees to have students and educators complete all pre-/  
  post-evaluations in a timely manner.
* My program will share our summer story with local news outlets.
* Our program will engage families throughout the five-week program.
* Our staff agrees to have fun and learn alongside our students!

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Authorized Signature