



# CENTRAL VALLEY ASTRONOMERS

## Young Astronomers Program 2019 Application

Thank you for your interest in the Young Astronomers Program of the Central Valley Astronomers! Please fill in the following sections completely. You are applying for the 2019 program year. **Your completed application must be received at the address below no later than October 31, 2018!!!**

Mail the completed application to: Scott J. Davis  
3671 N. Laverne Ave.  
Fresno, CA 93727

***NOTE: Due to budgetary constraints as well as mentor availability, we are only able to approve applications for a limited number of students during each program year. The completeness of this application form and the student's responses to the questions on page two will be the determining factors as to which students will be accepted. All decisions made by the CVA education team are final.***

### **Section 1 – Student Basic Demographic Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### **Section 2 – Parent/Legal Guardian/Emergency Contact**

If the student is a minor (under the age of 18) as of September 1, 2018, the parent must complete this section and sign. If the student is an adult (age 18 or over), an emergency contact must be provided; no signature is required in this section.

This person is a (circle one):    Parent/Legal Guardian    Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**If Parent/Legal Guardian:** I agree to allow my child to participate in the Young Astronomers Program of the Central Valley Astronomers. I also understand that I am responsible for transporting my child to/from all Young Astronomers Program events until my child turns 18, even if he/she has a license to drive.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree that:    ► I am submitting my application for consideration for the Young Astronomers Program.  
                          ► I understand that program capacity is limited and the decision of the Central Valley Astronomers education team will be final.

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

