# TESA Application

**INSTRUCTIONS**

Please type your information into all applicable fields. You may save this form to complete at a later time, but you must save this form onto your computer in order to send the final version. Send the completed form as an email attachment to Dr. Danielle Begley-Miller, dbegley-miller@teatown.org. *The Application Deadline is Friday, March 3, 2023. Applications will be reviewed as received.*

**STUDENT INFORMATION**

**Student Name:** Click to enter First Name

***First Name***

Click to enter Last Name

***Last Name***

**Address:** Enter Street Address

 ***Street Address***

Enter City

***City***

Enter State

***State***

Enter Zip Code

***Zip Code***

**Phone:** Enter Phone

**Email Address**: Enter Email Address

**Date of Birth:** Enter Date of Birth

**How did you hear about TESA?**

Type your answer here

**Please indicate your level of interest (high, some, low) in each the following research categories (more than one category can be listed at the same interest level):**

Choose an item. Trees and Forests

Choose an item. Plant Ecology

Choose an item. Wildlife

Choose an item. Aquatic Ecology (lakes, streams)

Choose an item. Insects, Invertebrates, and/or Pollinators

Choose an item. Invasive Species

Choose an item. Soil Ecology

Choose an item. Human Impacts on the Environment

**PARENT/GUARDIAN INFORMATION**

**Name:**  Click to enter First Name

***First Name***

Click to enter Last Name

***Last Name***

**Address:** Enter Street Address

 ***Street Address***

Enter City

***City***

Enter State

***State***

Enter Zip Code

***Zip Code***

Enter #

**Phone:  *Home Phone***

Enter #

***Work Phone***

Enter #

***Cell Phone***

**Email Address:** Enter Email Address

**Relationship** Enter Relationship to Applicant

**to Applicant:**

**SCHOOL INFORMATION**

**Name of School:** Enter School Name

**School Address:** Enter Street Address

 ***Street Address***

Enter City

***City***

Enter State

***State***

Enter Zip Code

***Zip Code***

**Cumulative G.P.A.:** Enter G.P.A. **Current Grade:** Click to enter grade

**Please list all High School science courses completed or currently enrolled in:**

Click here to enter text.

**Please describe any special recognitions, awards, achievements, or leadership positions:**

Click here to enter text.

**Please list any extra-curricular activities and the year(s) participated:**

Click here to enter text.

**Please list any other science experiences:**

Click here to enter text.

**REFERENCE INFORMATION**

It is the responsibility of the student applicant to provide teachers with the Instructions for References Letter (located on the TESA Application Page) and ensure that they are submitted by teachers prior to the application deadline. Only complete applications will be considered for enrollment in the TESA program.

**Reference Name:** Click to enter First Name

***First Name***

Click to enter Last Name

***Last Name***

**Name of School:** Enter School Name

**Reference** **Phone:** Enter Phone

**Reference Email:** Enter Email Address

**Please list the science courses or projects this teacher has instructed / mentored:**

Click here to enter text.

**PERSONAL STATEMENT**

Please provide a detailed statement that tells us about yourself, your interest and experience in science, your ability to work with others, and why you would like to take part in TESA.

Click here to enter text.

**BY CHECKING THIS BOX, I AM VERIFYING** [ ]  **I Accept**

**THAT ALL INFORMATION PROVIDED IN**

**THIS APPLICATION IS FACTUALLY CORRECT.**