

# Scopes-4-Schools Application | 2008

Thank you for your interest in applying for a telescope donation. Please complete the form below and return it via email to [avatarsci@msn.com](mailto:avatarsci@msn.com) or fax it to (360) 838-5323.

Type of Telescope Desired (circle):      Solar      Night Sky

Applicant Name: \_\_\_\_\_

Current Job Title/Position: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School Principal: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following questions (see next page also):

1. What are your Teaching Credentials/Education:

---

---

---

---

2. Describe how you would use the donated telescope at your school:

---

---

---

---

3. Do you have any contacts in the local amateur astronomy community (circle)?    Yes    No

4. If Yes, please list contacts that you can use as a reference:

Name	Organization	Contact Tele	Email	(Sponsor)
------	--------------	--------------	-------	-----------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Would any of the individuals or organizations being willing to sponsor\* your telescope (mark above with a check under sponsor?

(circle)    Yes    No    Maybe

*\* Sponsoring a telescope involves providing training and support – but does not require a financial obligation on the part of the sponsor. If you don't know of a potential sponsor we will do our best to find one in your area.*

6. Do you participate with or have contacts with any professional astronomy organizations ?

(circle)    Yes    No

7. If Yes, please list contacts/organizations:

Name	Organization	Program Name	Contact Tele	Email
------	--------------	--------------	--------------	-------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____