

APPLICATION PACKAGE

APPLICANT NAME: _____
SOCIAL SECURITY NUMBER: _____
VACANCY NUMBER: JS03E0037

This application package includes all documents required for application for NASA's Educator Astronaut Program, except for the resume (which is also a required document). Applicants are strongly encouraged to complete and submit their application on-line. To access NASA's Resume Builder and supplemental Educator Astronaut forms, go to www.nasajobs.nasa.gov, select 'Search Jobs', locate the above referenced vacancy number (through the job search), and 'quick apply' for that announcement. NASA's quick apply tool will prompt you to complete your resume, if one is not on file, and will take you to the required supplemental forms for on-line completion. You may alternatively go to resume.nasa.gov, complete and submit your resume, and enter the above vacancy number in the appropriate block on the quick apply. You will then be prompted to complete the additional on-line forms.

If you elect to mail your application package, complete the eligibility questions listed below, and mail your complete resume (see NASA's resume guide at resume.nasa.gov for instructions on submitting a complete resume) and all forms in this package to:

Educator Astronaut Program
NASA Headquarters
Code N - EAP
Washington, DC 20546

Eligibility Questions:

1. Do you have a Bachelor's degree or higher from an accredited college or university in Engineering, Mathematics, Physical Science, Biological Science or Education? (You will be asked to submit a transcript as part of your application package.) Yes No
2. Have you successfully completed a minimum of 18 semester hours (or equivalent) in one of the following disciplines: engineering, mathematics, physical science, or biological science? (You will be asked to submit a transcript as part of your application package.) Yes No
3. Do you have a current teaching certificate? (If yes, be prepared to provide verifying information.) Yes No
4. Do you have a minimum of 3 years of in-classroom teaching experience, within the past 4 years? (Please ensure that your resume clearly reflects this experience.) Yes No

Note: You must include this cover letter and the answers to the eligibility questions with your application package. Do not mail your application if you have previously applied for this position electronically.

All documents must be received by NASA no later than April 30, 2003.

EDUCATOR ASTRONAUT SUPPLEMENTAL INFORMATION

APPLICANT NAME: _____
SOCIAL SECURITY NUMBER: _____

In addition to completing all of required elements for the NASA Astronaut Candidate Program application, those individuals wishing to be considered for the position of Educator Astronaut must complete the following information listed below.

It is strongly recommended that you complete and submit your application package on-line. You may access NASA's resume builder at resume.nasa.gov or through the resume builder link on the Educator Astronaut vacancy announcement. The remainder of the application package will be displayed as a link once you submit your on-line resume.

Personal Information

Home Address: _____
Home Address: _____
City: _____
State: _____ Outside of the U.S.
(Select "Outside of the U.S." if you live outside of the country.)
Zip + 4: _____ + _____
(You may look up your zip + 4 code at the URL listed if you need.) <http://www.usps.com/zip4/>
Do you have current or prior active duty Military experience? Yes No

Teaching Experience

Current or Most Recent Teaching Experience

Name of School: _____
Address: _____
Address: _____
City: _____
State: _____ Outside of the U.S.
(Select "Outside of the U.S." and fill in empty text box if address is outside of the country.)
Zip Code: _____
School Phone Number: _____
School Web Address (if any): _____
School Description: Public Private Parochial Home Other

Position Title: _____
Subject area(s) of instruction: _____

Grade level(s) taught (at above school):

Elementary	Middle School	High School	College/University
<input type="checkbox"/> K <input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> 1 <input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> Graduate
<input type="checkbox"/> 2 <input type="checkbox"/> 6		<input type="checkbox"/> 11	
<input type="checkbox"/> 3		<input type="checkbox"/> 12	

Years you have taught at this school: _____
Current Full-time teacher: Yes No

Prior Teaching Experience

Year you began teaching: _____

Prior Grade Levels taught (if applicable):

(Note: leave this description blank if all of your teaching experience has been at the same school level)

Elementary	Middle School	High School	College/University
<input type="checkbox"/> K	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> Graduate
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 11	
<input type="checkbox"/> 3		<input type="checkbox"/> 12	

References

(Associated with Current or most Recent Teaching Experience described above)

Name of School Principal/Dean: _____

Address: _____

Address: _____

City: _____

State: _____ Outside of the U.S

(Select "Outside of the U.S." and fill in empty text box if address is outside of the country.)

Zip Code: _____

Telephone Number: _____

Email: _____

Name of School

Superintendent/President: _____

Address: _____

Address: _____

City: _____

State: _____ Outside of the U.S

(Select "Outside of the U.S." and fill in empty text box if address is outside of the country.)

Zip Code: _____

Telephone Number: _____

Email: _____

FEMALES ONLY						
CHECK EACH ITEM. IF "YES" EXPLAIN IN COMMENTS BOX AT THE BOTTOM.						
LIST EACH EXPLANATION BY ITEM NUMBER.						
CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
77. Treated for a female disorder						
78. Change in menstrual pattern						
CHECK EACH ITEM. IF "YES" EXPLAIN IN COMMENTS BOX AT THE BOTTOM.						
LIST EACH EXPLANATION BY ITEM NUMBER.						
ITEM	YES	NO				
79. Have you been refused employment or been unable to hold a job or stay in school because of:						
a. Sensitivity to chemicals, dust, sunlight, etc.						
b. Inability to perform certain motions.						
c. Inability to assume certain positions.						
d. Other medical reasons <i>(If yes, give reasons.)</i>						
80. Have you ever been treated for a mental condition? <i>(If yes, specify when, where, and give details.)</i>						
81. Have you ever been denied life insurance? <i>(If yes, state reason and give details.)</i>						
82. Have you had, or have you been advised to have, any operations? <i>(If yes, describe and give age at which occurred.)</i>						
83. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>						
84. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>						
85. Have you ever been rejected for military service because of physical, mental, or other reasons? <i>(If yes, give date and reason for rejection.)</i>						
86. Have you ever been discharged from military service because of physical, mental, or other reasons? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>						
87. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>						
88. Have you ever been arrested or convicted of a crime, other than minor traffic violations. <i>(If yes, provide details.)</i>						
89. Have you ever been diagnosed with a learning disability? <i>(If yes, give type, where, and how diagnosed.)</i>						
90. LIST ALL IMMUNIZATIONS RECEIVED						
COMMENTS						

Privacy Act Notice: This information is provided in accordance with Public Law 93-579 (Privacy Act of 1974), for individuals completing Federal records and forms that solicit personal information. This information is collected under authority of Sections 1302, 3301, and 3304 of Title 5 of the U.S. Code. The information on this form is needed to make a determination of your medical qualifications for the position you are applying for. This information may be shared with other Federal, State, or local agencies for lawful purposes, consistent with such routine uses specified in the OPM/Government-5 System of Records. Providing this information is voluntary. However, it is in your best interest to answer all the questions, since omission of an item means you might not receive full consideration for the position.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

SUPPLEMENTAL MEDICAL HISTORY

APPLICANT NAME: _____
SOCIAL SECURITY NUMBER: _____

This form must be completed in addition to Standard Form 93 (Report of Medical History). Answer all questions as completely as possible. Provide additional information if necessary.

1. General

- a. Have you required medications for any illness during the past three years (other than over-the-counter preparations)? If yes, specify what type and for what purpose.
- b. Please document any history of tumor, growth, or malignancy and any treatment required.
- c. Do you have any medication allergies? Do you have any other kinds of allergies? If yes, are they seasonal in nature? Please describe any medications or treatment used.

2. Ear, Nose and Throat

- a. Do you have any history of hearing loss? If yes, be prepared to send a recent audiogram documenting the nature and extent of permanent loss, if requested.
- b. Please describe any history of dizziness, fainting, or vertigo.

3. Vision

- a. Please record your visual acuity for near and distant vision (i.e., 20/20, 20/100, etc.) for each eye. Please obtain vision testing and describe results if you do not know your visual acuity. (Do not include eyeglass prescription).

	Near Vision		Distant Vision	
	Right Eye	Left Eye	Right Eye	Left Eye
Uncorrected	_____	_____	_____	_____
Corrected	_____	_____	_____	_____

- b. Do you have color blindness or abnormal depth perception? If yes, please provide test results.
- c. Have you undergone any treatment(s) to alter the acuity or refractive status of your eyes? Examples could include but are not limited to orthokeratology, laser treatments, LASIK, PRK, LASEK, Intacs, or radial keratotomy.
- d. Are you currently using eye medication or have you used eye medication in the past for more than 30 days in duration? If yes, specify what type and for what purpose.
- e. Do you have any history of ocular surgery? If yes, specify dates and type of surgery.
- f. Do you have any history of retinal tears or detachments? If yes, specify dates and treatment.
- g. Do you have any history of using eye exercises or therapy to correct eye misalignment? If yes, at what age and for what purpose.

4. Pulmonary

- a. **Have you been treated for any of the following disorders? Please explain.**
- (1) tuberculosis - Specify dates and treatment**
 - (2) asthma - Specify dates and treatment**
 - (3) pneumothorax (collapsed lung) - Specify dates and treatment**
 - (4) chronic bronchitis or emphysema - Specify dates and treatment**

5. Cardiovascular

- a. **Have you been treated for any of the following disorders? Please explain.**
- (1) hypertension (high blood pressure)**
 - (2) heart dysrhythmia (irregular heartbeat)**
 - (3) heart murmur**
 - (4) chest pain**

6. Genitourinary

- a. **Have you ever had an episode of kidney stones or blood in the urine? Please explain.**

7. Neuro/Psychiatry

- a. **Have you ever received a head injury which resulted in a loss of consciousness? Describe the injury and incident, length of time unconscious, and any treatment required.**
- b. **Please note any history of chronic headaches and treatment required.**

**Have you ever sought help from a psychiatrist or other mental health professional?
Have you ever required hospitalization for a psychiatric problem? Please explain.**

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RACE AND NATIONAL ORIGIN IDENTIFICATION

APPLICANT NAME: _____
SOCIAL SECURITY NUMBER: _____

Please read the instructions and Privacy Act Statement before completing form.

Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs to ensure that our recruitment efforts result in a fully diverse applicant pool.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Please an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY <i>(Mark ONE only)</i>	DEFINITION OF CATEGORY
Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico	
A <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
C <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
Categories for Use in Puerto Rico	
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

ESSAYS

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

Since the Educator Astronaut will be provided access to the most unique classrooms, the Space Shuttle and the International Space Station, and have the technical and programmatic capacities to reach millions of students in the United States and the world, your responses to the three essay questions listed below will be considered in evaluating your application. The responses should be no longer than 300 words each.

1. Describe the teaching and learning activities an observer would see if they walked into your classroom and their effect on the students.
2. Describe an educational project you would like to do as an Educator Astronaut.
3. Why do you want to be an Educator Astronaut?

Educator Astronaut Position Official Transcript - Coversheet

APPLICANT NAME: _____
SOCIAL SECURITY NUMBER: _____

Please attach this cover sheet to your official transcript and submit to the address provided below. All documents must be received at the address provided by the closing date of the vacancy announcement.

Do not put the documents in plastic covers, binders, or any type of folder. You will be notified by letter if we require any additional information.

Once we receive your official transcript, we will update your personal profile page reflecting the date this document was received by NASA. You may view your personal profile page from the Applicant Services link on www.nasajobs.nasa.gov. Your profile page will provide up to date status information on the position, including the date your application materials were received by NASA and which materials are still outstanding.

Please mail your transcripts and this coversheet to:

Educator Astronaut Program
NASA Headquarters
Code N - EAP
Washington, DC 20546

You will receive an acknowledgment of receipt of your application.

Educator Astronaut Position Letters of Recommendation Information

Applicants for the Educator Astronaut positions are required to submit 4 letters of recommendation to NASA as part of their total application package. These letters of recommendation must come from the following individuals:

1. A person in a supervisory position in the school district with which you have worked;
2. A current or prior student you instructed;
3. The parent of a student you have instructed (this should be a different student than the student identified in number 2 above);
4. A member of your local or regional community

This package contains four cover letters for you to provide to the appropriate individuals. These cover letters provide instructional information to individuals completing the letters of recommendation, including instructions on where to submit their letter. Please encourage these individuals to attach the cover sheet to their letter as it contains identifying information to assure that we are able to match the letters of recommendation with the rest of your application package.

You may check the status of our receipt of your letters of recommendation by accessing your profile page. To do this, go to the NASA Jobs web site at www.nasajobs.nasa.gov, select 'Applicant Services', then select 'Profile Page', enter your user id and password, and select 'View Status/Edit' to view the status of each of the application forms required for application for the Educator Astronaut positions.

Educator Astronaut Position

Letter of Recommendation from a Person in a Supervisory Position - Coversheet

(Name) _____, (Social Security Number) _____, is applying for the Educator Astronaut position at the Johnson Space Center, under NASA's Astronaut Candidate Program. This is an exciting new program, integrating the technical responsibilities of the Astronaut Mission Specialist position with the unique opportunity to convey knowledges learned and experiences gained to fellow educators and students, through the teaching component of this position.

As part of the application process, applicants are required to provide a letter of recommendation from a "Person in a supervisory position in a school district with which they work". Please support our Nation's Space Program, by preparing a letter of recommendation for this applicant and submit the completed letter to NASA's Education Office at the address provided below. Please attach this coversheet to your letter of recommendation and return both documents, as this cover sheet provides identifying information on the applicant to assist us in matching your letter to the appropriate applicant file. All application documents, including letters of recommendation must be received by NASA no later than April 30, 2003. Materials received after this date will not be considered during the selection process.

Please provide a typed, single spaced letter, no longer than one complete page, which contains no more than 300 words. We would like the following information to be included in your letter:

- Description of the qualities and attributes the applicant would bring to the Educator Astronaut position;
- Examples of how the applicant has advanced the study of mathematics, science or technology disciplines; and,
- Examples of the impact the applicant has made upon education and the advancement of student achievement in challenging disciplines.

Please do not put the letter in a plastic cover, binder, or any type of folder. We certainly appreciate your support of our Nation's Space Program as we expand the frontiers on learning and explore new ways to share knowledges gained that are truly out of this world.

Please mail your letter and this coverletter to:

Educator Astronaut Program
NASA Headquarters
Code N - EAP
Washington, DC 20546

Educator Astronaut Position

Letter of Recommendation from a Student - Coversheet

(Name) _____, (Social Security Number) _____, is applying for an Educator Astronaut job at the Johnson Space Center, under the National Aeronautics and Space Administration's (NASA) Astronaut Candidate Program. This is an exciting new program, combining the responsibilities of an Astronaut with the responsibilities of a teacher. Educator Astronaut will be responsible for activities on the Space Shuttle, will assist with experiments on the International Space Station, and will perform work outside of the International Space Station. What is also exciting is that these astronauts will teach what they have learned and experienced to students and other teachers.

We would like a student to send a letter of recommendation about this applicant to NASA for us to consider when we are deciding who to select to join the Astronaut program. (Name) _____ would like for you to send the letter. We hope that you will support our Nation's Space Program and send a letter to the address listed below that includes the following:

1. Please send a typed, single spaced letter, no longer than one page, which contains no more than 300 words.
2. We would like for you to include the following information in your letter:
 - a. What is unique about your teacher and how will that help your teacher to be an astronaut?
 - b. What does your teacher do to interest you in studying mathematics and science?
 - c. How has your teacher helped you to succeed in school?
3. Please send a copy of this coversheet with your letter.
4. Please do not put your letter in a plastic cover, binder or any type of folder.

NASA needs to receive your letter before April 30, 2003. Please send your letter and this coversheet to:

Educator Astronaut Program
NASA Headquarters
Code N - EAP
Washington, DC 20546

We thank you for supporting our Nation's Space Program, and hope you will consider working for NASA in the future.

Educator Astronaut Position

Letter of Recommendation from the Parent of a Student - Coversheet

(Name) _____, (Social Security Number) _____, is applying for the Educator Astronaut position at the Johnson Space Center, under NASA's Astronaut Candidate Program. This is an exciting new program, integrating the technical responsibilities of the Astronaut Mission Specialist position with the unique opportunity to convey knowledges learned and experiences gained to fellow educators and students, through the teaching component of this position.

As part of the application process, applicants are required to provide a letter of recommendation from a "Parent of a student that they have instructed". Please support our Nation's Space Program, by preparing a letter of recommendation for this applicant and submit the completed letter to NASA's Education Office at the address provided below. Please attach this coversheet to your letter of recommendation and return both documents, as this cover sheet provides identifying information on the applicant to assist us in matching your letter to the appropriate applicant file. All application documents, including letters of recommendation must be received by NASA no later than April 30, 2003. Materials received after this date will not be considered during the selection process.

Please provide a typed, single spaced letter, no longer than one complete page, which contains no more than 300 words. We would like the following information to be included in your letter:

- Description of the qualities and attributes the applicant would bring to the Educator Astronaut position;
- Examples of how the applicant has advanced the study of mathematics, science or technology disciplines; and,
- Examples of the impact the applicant has made upon education and the advancement of student achievement in challenging disciplines.

Please do not put the letter in a plastic cover, binder, or any type of folder. We certainly appreciate your support of our Nation's Space Program as we expand the frontiers on learning and explore new ways to share knowledges gained that are truly out of this world.

Please mail your letter and this coverletter to:

Educator Astronaut Program
NASA Headquarters
Code N - EAP
Washington, DC 20546

Educator Astronaut Position

Letter of Recommendation from a Member of the Local or Regional Community - Coversheet

(Name) _____, (Social Security Number) _____, is applying for the Educator Astronaut position at the Johnson Space Center, under NASA's Astronaut Candidate Program. This is an exciting new program, integrating the technical responsibilities of the Astronaut Mission Specialist position with the unique opportunity to convey knowledges learned and experiences gained to fellow educators and students, through the teaching component of this position.

As part of the application process, applicants are required to provide a letter of recommendation from a "Member of their Local/Regional Community". Please support our Nation's Space Program, by preparing a letter of recommendation for this applicant and submit the completed letter to NASA's Education Office at the address provided below. Please attach this coversheet to your letter of recommendation and return both documents, as this cover sheet provides identifying information on the applicant to assist us in matching your letter to the appropriate applicant file. All application documents, including letters of recommendation must be received by NASA no later than April 30, 2003. Materials received after this date will not be considered during the selection process.

Please provide a typed, single spaced letter, no longer than one complete page, which contains no more than 300 words. We would like the following information to be included in your letter:

- Description of the qualities and attributes the applicant would bring to the Educator Astronaut position;
- Examples of how the applicant has advanced the study of mathematics, science or technology disciplines; and,
- Examples of the impact the applicant has made upon education and the advancement of student achievement in challenging disciplines.

Please do not put the letter in a plastic cover, binder, or any type of folder. We certainly appreciate your support of our Nation's Space Program as we expand the frontiers on learning and explore new ways to share knowledges gained that are truly out of this world.

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