UNIVERSITY OF THE SCIENCES

High School Physics Research Camp Application Forms

University of the Sciences is holding a Summer HS Physics Research Camp for HS Physics students and teachers. This camp was made possible by the Meggers grant from the American Institute of Physics (AIP) to the University of the Sciences. All costs associated with the camp, room and board are covered by the grant. Limited funds will also be available to help with travel expenses.

The camp invites teachers and students to work together on past IYPT (www.iypt.org) problems. Over the one week experience, students will build experiments, collect and analyze data and participate in a physics debate that is similar to the physics fights of IYPT. Teachers will learn all of the skills necessary to bring these research techniques back to their classrooms. Selected students and teachers will be provided with research questions beforehand and will be provided a brief collection of literature to review prior to their arrival.

Participants will arrive on campus Monday, June 13 and will depart late afternoon on Saturday, June 18. Students requiring housing will be accommodated in the USciences residential facility in single or double rooms. HS physics teachers will be accommodated in single rooms. Breakfast, lunch and dinner will be provided every day.

Please find enclosed application forms for both students and teachers. Materials must be received no later than April 5, 2022. Only complete applications will be considered. Those selected to participate will receive email confirmation by April 25th. For students Authorization/Liability form (enclosed) must be completed and signed by the student’s parent/guardian. The completed forms must be e-mailed to: e.eschen@usciences

Limited funds will be available to defray travel expenses. In the application form please specify if you need travel support.

Questions? Contact Dr. Elia Eschenazi at: e.eschen@usciences.edu or (215)596-8707
Name: ________________________________________________________________

Address: __________________________________________________________________

Phone: ___________________________________________________________ □ home □ cell

Email: __________________________________________________________________

Academic grade in 2021-2022: ________________________________________________

High School attended in 2021-2022: ___________________________________________

Physics Course you will take in 2022-2023: _______________________________________

Please list the physics course(s) you have already taken while in HS.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Please list the math courses you have taken while in HS.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Do you have experience with physics research? If so, please share briefly where you obtained from the experience.

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

Please share what you hope to learn from this experience at the University of the Sciences.

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

There are many extracurricular physics experiences that HS students could access while in high school. Please indicate if you have participated in any of these.

☐ Science Olympiad  ☐ Physics Olympics
☐ IYPT  ☐ International Physics Olympiad
☐ USAYPT  ☐ AAPT Physics Bowl
☐ Rocketry Challenge  ☐ Other: ____________________________

There are many software packages designed to help with data analysis and acquisition for mathematical sciences. Please share which (if any) of these you have experienced and your level of proficiency. Note: some of these are competing products. Few students will be familiar with each of these programs.

Pasco Capstone  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Pasco Sparkvue  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Vernier Logger Pro  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Vernier Graphical Analysis 4  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Matlab  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Octave  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Excel  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Google Sheets  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
Tracker video tracking  ☐ Unfamiliar  ☐ Novice  ☐ Experienced
**Travel Expenses**

If you will be traveling to attend the research camp, please indicate below if you would like to be considered for travel re-imbursement and estimate your expected travel cost to Philadelphia.

Please note that re-imbursement is not guaranteed and any re-imbursement will depend on funds availability.

☐ Yes, I would like to be considered for some re-imbursement of travel expenses.

$________________ Estimated travel costs.

**Parent/Guardian Approval Signature:**

As the parent / guardian of the applicant, I agree to the application submission to the University of the Sciences High School Physics Research Camp. Applicant will attend the entire four-day program. I will provide transportation and drop-off/pick-up to/from campus during the period of the camp. I agree to respond to emails from the camp organizers to assist in assessing the short- and long-term impacts of the camp.

Parent/Guardian Name: ____________________________

Signature: _______________________________________

Contact Phone: _________________________________

Email Address: _________________________________

Any food allergies?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Size for Camp Shirt (Adult Sizes): ☐ Small ☐ Medium ☐ Large

**Please fill also the PARENTAL CONSENT & WAIVER OF LIABILITY form below.**
PARENTAL CONSENT & WAIVER OF LIABILITY

I consent and grant permission for my child, ________________________, to participate in the High School Physics Research Camp, to be held at the University of the Sciences ("the University"), for the period beginning June 13, 2022, and ending, June 18, 2022.

I acknowledge and accept any risk of injury that is involved. As such, I agree to release and hold harmless the University, its employees, agents, officers, faculty, students and volunteers from and against any and all claims, actions and suits resulting from my child’s participation in this activity.

I have advised my child that he/she, must at all times abide by the rules and instructions established by both Youth Action and University Staff during this activity. The University reserves the right to terminate my child’s participation in this activity at any time and for any reason, including disruption or failure to safely follow activity instructions.

Inconsideration of my child being permitted to participate in the program, I hereby assume all responsibility for any injury to or accident involving my child that may occur while my child is participating in the program, or while my child is on the premises of the University. I release, or give up, any legal claim that I might have against the University, its Board of Trustees, officers, employees, students, volunteers and agents. This Waiver of Liability is binding on my legal representatives or anyone who tries to claim through me.

I understand that images of my child may be taken for promotional purposes. These images become the property of the University of the Sciences and may be used without obtaining further consent.

I have read this Parental Consent and Waiver of Liability, I understand it, and I sign it freely.

Name of Parent/Guardian: ____________________________________________

Name of Child: _______________________________________________________

Signature: __________________________________________________________

Date: __________________________________________________________________
University of the Sciences
Teacher High School Physics Research Camp Application

Name: ____________________________________________________________

Address: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Phone: ___________________________________________________________  □ home  □ cell

Email: ____________________________________________________________

School: ____________________________

Address: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This program can accommodate individual students and individual teachers. Teachers are encouraged to ask their students to attend as well because we believe the experience is even better when students learn the basics of research in partnership with their teachers. Do you expect any of your students to apply? If so, please list their names below.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Please list the physics course(s) you currently teach

______________________________________________________

______________________________________________________

______________________________________________________

Do you have experience leading students in physics research? If so, please share in what context you have led student research.

______________________________________________________

______________________________________________________

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☐ USAYPT              ☐ AAPT Physics Bowl
☐ Rocketry Challenge ☐ Other: ____________________________

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