



HIGH SCHOOL PHYSICS RESEARCH CAMP APPLICATION FORMS



Saint Joseph's University 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. Physics teacher will receive a compensation of \$500.

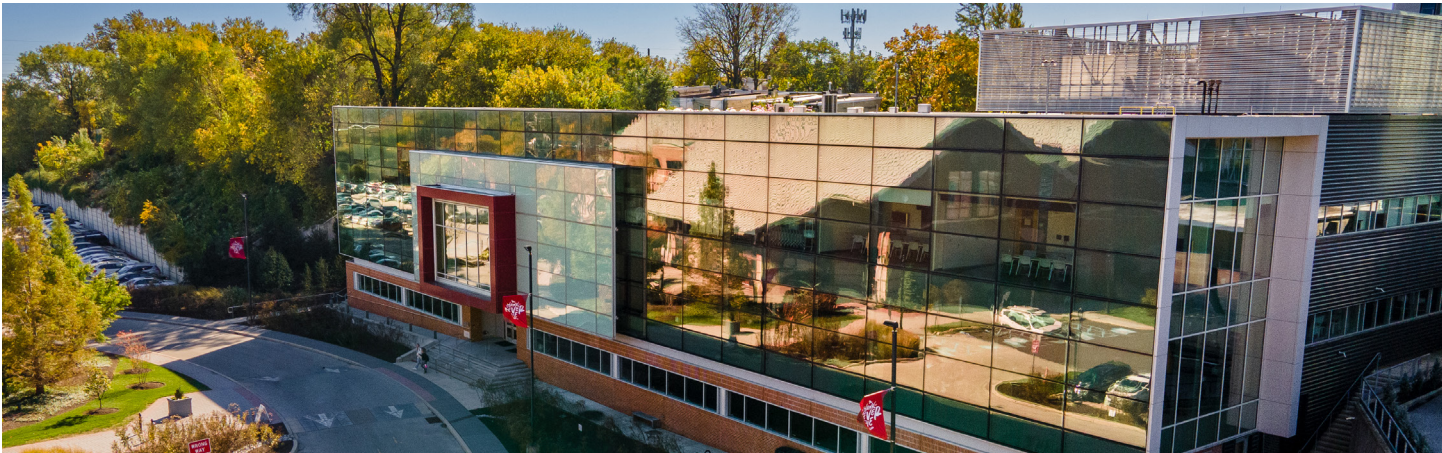
The camp invites teachers and students to work together on past IYPT (www.iypt.org) problems. Over the one week experience, students will build experiments, collect and analyze data and participate in a physics debate that is similar to the physics fights of IYPT. Teachers will learn all of the skills 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 19 and will depart late afternoon on Saturday June 24. Students requiring housing will be accommodated in the SJU-UC 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 May 24, 2023. Only complete applications will be considered. Those selected to participate will receive email confirmation by May 20th. 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: eeschenazi@sju.edu

QUESTIONS? CONTACT DR. ELIA ESCHENAZI AT:
[EESCHENAZI@SJU.EDU](mailto:eeschenazi@sju.edu) OR (215)-596-8707

LIMITED FUNDS WILL BE AVAILABLE TO DEFRAY TRAVEL EXPENSES. IN THE APPLICATION FORM PLEASE SPECIFY IF YOU NEED TRAVEL SUPPORT.



HIGH SCHOOL PHYSICS RESEARCH CAMP APPLICATION FORM

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 course(s) 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 Saint Joseph's University.

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:

- | | |
|---|---|
| <input type="checkbox"/> Science Olympiad | <input type="checkbox"/> USAYPT |
| <input type="checkbox"/> Physics Olympics | <input type="checkbox"/> AAPT Physics Bowl |
| <input type="checkbox"/> IYPT | <input type="checkbox"/> Rocketry Challenge |
| <input type="checkbox"/> International Physics Olympiad | <input type="checkbox"/> 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 | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Pasco Sparkvue | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Vernier Logger Pro | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Vernier Graphical Analysis 4 | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Matlab | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Octave | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Excel | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Google Sheets | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| Tracker video tracking | <input type="checkbox"/> Unfamiliar | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| _____ | | <input type="checkbox"/> Novice | <input type="checkbox"/> Experienced |
| _____ | | <input type="checkbox"/> Novice | <input type="checkbox"/> 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-imburement and estimate your expected travel cost to Philadelphia.

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

Yes, I would like to be considered for some re-imburement 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, unisex): Small Medium Large

PLEASE ALSO FILL OUT THE PARENTAL CONSENT & WAIVER OF LIABILITY FORM BELOW

| | |
|-------------------------------|-----------------------|
| Participant Full Name: | |
| Event Organization: | |
| Event Description: | Event Date(s): |

I desire to voluntarily participate in the Event operated by Event Organization that will be held on the Event Date(s) at Saint Joseph's University ("SJU"). I hereby warrant and represent that I do not have any medical condition or physical limitation that would put me at risk for injury as a result of my participation in the Event. In consideration of my voluntary participation in the Event and my use of SJU's facilities, (i) I hereby assume all risks of injury which may result from my participation in the Event and my use of SJU's facilities, and (ii) I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to waive, indemnify, hold harmless, release and discharge SJU, its affiliates, and its respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or cause of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, my participation in the Event, and my use of SJU's facilities. I agree to abide by all of the policies, procedures, instructions rules and regulations of SJU in effect during my participation in the Event. I understand that SJU is not affiliated with Event Organization and that SJU is not a sponsor or co-sponsor of the Event, but is merely allowing Event Organization to use its facilities for the Event. I have read and understand the foregoing and affirm that I am participating in the Event of my own free will.

Name of Participant: _____

Signature of Participant: _____

Date:

If the participant is under 18 years of age:

I am the parent/guardian of the Participant. I am over the age of 18, have read and understand the foregoing, and am voluntarily allowing the Participant to participate in the Event at SJU. I further represent that the Participant does not have any medical condition or physical limitation that would put him/her at risk for injury as a result of his/her participation in the Event. On behalf of the Participant, (i) I hereby assume all risks of injury which may result from Participant's participation in the Event and use of SJU's facilities, and (ii) I agree to waive, indemnify, hold harmless, release and discharge SJU, its affiliates, and its respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or cause of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, the Participant's participation in the Event, and use of SJU's facilities. I understand that SJU is not affiliated with Event Organization and that University is not a sponsor or co-sponsor of the Event, but is merely allowing Event Organization to use its facilities for the Event.

Name of Parent/Guardian of Minor Participant(s): _____

Signature of Parent/Guardian: _____

Date: