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**Amateur Radio on the International Space Station (ARISS)**

**Educational Proposal**

ARISS Europe opens educational proposal windows for applicants twice each year, intended f*o*r ARISS contacts to be scheduled 6-12 months later. You’ll find information about the current or next proposal window at [**http://www.ariss-eu.org/school-contacts**](http://www.ariss-eu.org/school-contacts). You’ll also find dates and information offered to address questions about the program and the proposal.

**Privacy Policy:**

The information you provide will be used by ARISS only for its intended purpose, namely, to evaluate your ARISS Educational Proposal. In compliance with privacy laws on the retention and the processing of personal information, the applicants give ARISS permission to use the information for the intended purpose. Not providing needed information may result in ARISS’s inability to provide you with the information or services you desire. Please, fill out and sign the authorization statement (AUTHORIZATION AND USE OF PERSONAL INFORMATION included in application form) and e-mail it, duly scanned, to:

**school.selection.manager@ariss-eu.org**

**Directions:**

Please fill out this Proposal Form to the best of your ability.

Save the completed Proposal Form as a Microsoft Word document or as a PDF document with this file naming convention:

Organization, YYYY-MM-DD, ARISS Proposal

When completed, please email it and the application form to ARISS at **school.selection.manager@ariss-eu.org**during a Proposal Window.

If you have any questions or comments on this form, please email us at **school.selection.manager@ariss-eu.org**

This proposal is being submitted for the Contact Window of

**July 1, 2018 – December 30, 2018**

and is due to ARISS by close of business **October 30, 2017**.

**Section 1: Contact Information**

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| **Educational Host Organization** | Organization Name: Address: City, State, Zip Code: Web site:  |
| **Organization Main Point of Contact***Main POC must be authorized to represent the organization* | Name: Title/Role: Address: City, State, Zip Code: Work Telephone: Mobile: Email:  |
| **Local Amateur Radio Point of Contact***If identified at time of proposal; this person will coordinate support being provided by local amateur radio community* | Name and Call Sign: Address: City, State, Zip Code: Daytime Telephone: Mobile: Email:  |
| **Additional Point of Contact***(optional)**Anyone else from the educational community or ham radio community who will be involved in leading the execution of the proposed plan* | Name: Address: City, State, Zip Code: Daytime Telephone: Mobile: Email:  |

**Please tell us**: How did you hear about the ARISS program?

**Section 2: Scheduling Considerations for ARISS Contact**

1. If selected, are there any dates during the proposed cycle that your organization cannot support?

Note weeks, days of week, times of day that you can’t support.

*Please note that these exclusion zones will make it more difficult to get a contact scheduled for your organization.*

2. Please provide any preferred time for the event to be held. If you are planning around a specific event occurring on a specific day(s) or week(s), state that clearly.

3. Please provide appropriate time zone.

**Note:** *Due to the nature of the program, nothing can be guaranteed.*

4. At this point do you have a preference for a Direct or a Telebridge configuration for your contact?

For example, there may be known constraints at your location or constraints related to a specific event on a particular day and time that would make a Direct contact difficult and would indicate a Telebridge contact would be your best choice. If you have already determined your preference, please indicate that here. If you don’t have a preference, please check the box for “either.” If you don’t yet know how to assess your preference without further guidance, please check the box for “unsure.”

*[ ]* Prefer direct *[ ]* Prefer telebridge *[ ]* Either *[ ]* Unsure

***Note:*** *A direct contact is operated by a radio station (temporarily) installed in the school.*

 *A telebridge contact is operated by a distant radio station and signals are relayed per telephone line.*

**Section 3: Education Plan**

***For the following items, please include as much detail and information as you feel is appropriate within the prescribed word limits. Text boxes will expand as needed. We will not review information that exceeds the prescribed response limit. NOTE: Microsoft Word allows you to select a section of text and perform a Word Count using the Tools menu (version specific differences exist between Mac OS and Windows environments).***

Provide information on your organization, its purpose, educational objectives and the population it serves. Include demographics of the student population of your organization, with descriptors such age level, education level and STEM (Science, Technology, Engineering and Mathematics) involvement

1a. Our school/organization is (check all that apply):

*[ ]* Urban *[ ]* Suburban *[ ]* Rural

*[ ]* School *[ ]* Museum *[ ]* Youth Organization

*[ ]* Other organization type. (Please specify)

1 b. Describe the student population that will be engaged with your education plan and the audience that will be present for the ARISS contact event. If students from another school/organization are to be involved in your education plan and/or in the audience for the contact, include demographics of that student population. Include descriptors such as age level, education level, STEM involvement, etc.If you have previously hosted an ARISS contact, describe how you will reach a different audience with this new proposal. *Limit 250 words.*

1 c. Describe the purpose of your school/organization and its educational objectives/mission statement. *Limit 250 words*

2. Explain why your organization wants to host an ARISS radio contact. Explain how an ARISS radio contact will enhance the educational objectives of your organization. Specifically, describe how your organization will use the ARISS radio contact to support local STEM goals and objectives. *Limit of 350 words.*

3. Describe any community partnerships that will be part of the ARISS radio contact and surrounding activities. **Specifically, list any local amateur radio organizations that will be supporting your contact** and/or that will be involved in your educational plan, as well as any other educational organizations or other community resources that will be involved in carrying out your educational plan. Describe how these organizations have committed to be part of or will support your educational plan. *Limit of 350 words.*

4 a. Describe your school’s yearlong curricular topics with particular emphasis on STEM subjects and some of the hands-on preparatory learning activities to be engaged with students at different grade levels leading up to and following the radio contact with the ISS. *Limit of 1200 words*

4. b. Describe any activities planned for the week and days leading up to and following the ARISS radio contact. *Limit of 500 words.*

4 c. Also, describe how you will develop the contact interview questions and how you will select the students who will ask the questions of the ISS crewmember. *Limit of 350 words.*

5. Describe how you will organize your proposed ARISS radio contact, including the location, transportation details (if needed), and how you will have the supporting technology (audio/video/Internet) in place. *Limit of 350 words*.

6. Provide information on your organization’s plan to secure your target audience in case there is a shift in dates and/or times (i.e. “Plan B”). *Limit of 250 words.* Consider this scenario*: Four days before the date that has been scheduled for your contact, an ISS event occurs that means the contact will not be possible at the time previously scheduled. You are offered an alternate contact time a week later. How will you adjust?*

7 a. Describe your organization’s plans to evaluate the impact of the ARISS radio contact on students. How will you know the event has influenced student learning and/or attitudes toward learning? *Limit of 350 words.*

7 b. Also, please provide the name and email address for the person(s) in your organization who will be responsible for completing the **ARISS Activity Report**, which requires information about the student and audience participation in the contact event, and who will coordinate completion of the online **ARISS Post Contact Evaluation,** which will ask for educator feedback about the ARISS experience.

**ARISS Activity Report POC** and email address:

**ARISS Post Contact Evaluation POC** and email address:

**Section 4: Media Plan**

Describe your media/promotion plan to engage your community. Be specific where possible. *Limit of 350 words*.

**Section 5: Sample Timeline Day of ARISS Radio Contact**

Create a sample internal-use schedule that outlines the day of the ARISS radio contact for your staff members. This sample schedule would be used for your internal coordination and planning (transportation of students, audio/video/Internet setup, coordination with amateur radio team, activities, etc.) and is not intended to be the program distributed to the ARISS radio contact audience. For this sample document, assume your ARISS radio contact is scheduled from 11:15 am – 11:25 am. (*Note*: Your sample schedule is intended to show that you have thought through the contact process. It is not a commitment.) *Limit of 550 words.*