

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

**Educational Proposal**

* **Application submitted online only are accepted.**
* **This form is a temporary copy (draft) for future completion of an online form.**

ARISS Europe opens educational proposal windows for applicants twice each year, intended for 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), duly scanned and saved in pdf or image file, in attached to application form.

**Directions:**

**for your convenience, fill out this temporary form to the best of your ability and in accordance with the following guidelines, then fill out the online form** **linked at** [**ARISS School contact page**](https://www.ariss-eu.org/index.php/school-contacts/announcement)**.**

<https://www.ariss-eu.org/index.php/school-contacts/announcement>

The application form online shall be submitted jointly the AUTHORIZATION AND USE OF PERSONAL INFORMATION signed in pdf file and school calendar in excel file.

**Other documents not specifically requested will not evaluated and then discarded.**

This proposal is being submitted for the Contact Window of

**July** **1, 2025 – December 31, 2025**

and is due to ARISS by close of business **October 27, 2024**.

**Section 1: Contact Information**

**(1.1) Educational Host Organization**

|  |  |
| --- | --- |
| Organization Name |  |
| Address |  |
| City |  |
| Zip Code |  |
| State / Country |  |
| Website |  |

**(1.2) Organization Main Point of Contact**

*Main POC must be authorized to represent the organization.*

|  |  |
| --- | --- |
| Name |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.3) Principal / Legal Responsible**

|  |  |
| --- | --- |
| Name |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.4) Coordinating Teacher**

|  |  |
| --- | --- |
| Name |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.5) Public Relations Contact**

|  |  |
| --- | --- |
| Name |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.6) 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 |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.7) Assisting Local Amateur Radio Club**

*To be filled out by the amateur radio club if one is providing assistance.*

|  |  |
| --- | --- |
| Name |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.8) 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 |  |
| Title / Role |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(1.9) How did you hear about the ARISS program?**

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**(1.10) Has the Host Organization previously been selected for a shuttle, Mir, or ISS contact? If YES, which STS, MIR or ISS? Date of contact? Did the school have a complete contact?**

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**(1.11) Language requested**

*English is the language that is normally used on the ISS. It is possible that other languages may be used. If another language is requested, please indicate the desired language.*

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**(1.12) Are you working closely with any other school or organization?**

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**Section 2: Scheduling consideration for ARISS contact**

**(2.1) 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.*

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|  |

**(2.2) Availability, unavailability, and preferred time for the event to be held**

*Fill in and attach to the application form the excel file below, named “School Calendar. If you are planning around a specific event occurring on a specific day(s) or week(s), state that clearly below.*

*Please, download, fill in and attach to application the* [School Calendar](http://www.ariss-eu.org/documents/ariss_school_contact/ARISS_Europe_School_UnAvaibility_and_Preferred_schedule_JUL_DEC_2025.xlsx)

**(2.3) Time Zone**

|  |  |
| --- | --- |
| When does your area go to Daylight Saving Time? |  |
| Hours before or after UTC (Coordinated Universal Time) |  |

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

**(2.4) 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.”*

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| --- | --- |
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**NOTE: A direct contact is operated by a radio station (temporarily) installed in the school/organization.**

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

**(2.5) Multi-Point Telebridge Backup Plan**

*To ensure preservation of an already scheduled contact, each host organization (i.e. school) performing a direct or traditional telebridge contact should test and be fully prepared, if required and with a notice as short as 24 – 48 hours, to convert to a Multi-Point Telebridge contact. The triggering event for this conversion is the closure, or partial closure, of the school or organization to in person learning or other activities as required by local, state or Federal authorities. If you don’t agree to switch over to the Multi-Point Telebridge system, the scheduled direct or telebridge contact could be cancelled and/or rescheduled.*

|  |  |  |
| --- | --- | --- |
| Do you will fully **prepare** to convert to a Multi-Point Telebridge contact? |  |  |

**NOTE: Multi-Point Telebridge contact:** Nominally utilizes the services of one of the certified ARISS telebridge ground stations located around the world. As opposed to the Traditional Telebridge all or some of the individuals involved in the contact, including the audience, are remotely located. If in school, they are meeting under altered operational rules as directed by local, regional or governmental authorities.

**Section 3: Educational 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).*

**(3.1) 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.**

**(3.1.1) Our school/organization is (check all that apply)**

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| --- | --- | --- |
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**(3.1.2) 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***

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**(3.1.3) Describe the purpose of your school/organization and its educational objectives/mission statement. *Limit 250 words***

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|  |

**(3.2) 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***

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**(3.3) 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***

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**(3.4) 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***

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**(3.5) Describe any activities planned for the week and days leading up to and following the ARISS radio contact and 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 crew member. *Limit of 850 words***

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**(3.6) 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***

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**(3.7) 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”).**

**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? *Limit of 250 words***

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|  |

**(3.8) Describe your organization’s plans to evaluate the educational and STEM impact of the ARISS radio contact upon students. This could include any culminating activity such as a final project, an essay, a performance, artwork, portfolio, etc. *Limit of 350 words***

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**(3.9) 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 Point of Contact**

|  |  |
| --- | --- |
| Name |  |
| E-Mail |  |

**ARISS Post Contact Evaluation Point of Contact**

|  |  |
| --- | --- |
| Name |  |
| E-Mail |  |

**Section 4: Sample Timeline Day of ARISS Radio Contact**

**(4.1) 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***

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**Section 5: Media Plan**

**(5.1) Describe your media/promotion plan to engage your community, be specific where possible. *Limit of 350 words***

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**Section 6: Direct Contact**

**NOTE: Only answer these questions below if a Direct Contact has been selected in section 2.4. If you are unsure how to answer a question, please ask your ARISS representative for help.**

**(6.1) Radio Contact Coordinator**

*To be filled out by an amateur radio operator*

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Call sign |  | |
| Address |  | |
| City / Province |  | |
| State / Country |  | |
| Zip Code |  | |
| Phone |  | |
| Mobile |  | |
| E-Mail |  | |
| Exprienced with satellite operations? |  |  |

**(6.2) Site of Radio Contact Location Information**

|  |  |
| --- | --- |
| Latitude (use decimal format) |  |
| Longitude (use decimal format) |  |
| Elevation (mt. above sea level) |  |
| Address |  |
| City |  |
| Zip Code |  |
| State |  |

**(6.3) Call Sign at Contact Site**

|  |  |
| --- | --- |
| Call Sign |  |

**(6.4) Station and Equipment Data**

NOTE: To be used during the ARISS amateur radio contact. We require 2 complete radio stations at your event site. See: [ARISS Contact Requirements](http://www.ariss-eu.org/documents/ariss_school_contact/ARISS_ground_station_recommendation.pdf)

|  |  |  |
| --- | --- | --- |
| **RADIO STATION #1 - PRIMARY** | | |
| **Transceiver** | | |
| Manufacturer and model |  | |
| Number of memories that support non-standard split and 1-kHz resolution |  | |
| Output power (watts) |  | |
| Frequency range (MHz) |  | |
| Minimum tuning resolution (kHz) |  | |
| **Transmit Amplifier** | | |
| Manufacturer and model |  | |
| Maximum output power (watts) |  | |
| **Receive Amplifier** | | |
| Manufacturer and model |  | |
| Location (in station or at antenna) |  | |
| **Antenna** | | |
| Type (such as single or crossed yagi) |  | |
| Manufacturer and model |  | |
| Gain (specify dBi or dBd) |  | |
| Number of elements |  | |
| Polarization (i.e. horizontal or right-hand circular; specify if switchable) |  | |
| **Antenna Rotator** | | |
| Type (none, azimuth, az/el) |  | |
| Manufacturer and model |  | |
| **Coax cable** | | |
| Type |  | |
| Approximate length |  | |
| **Tracking software** | | |
| Name |  | |
| Automatic rotator control |  |  |
| **Other station equipment** | | |
| Power source (such as UPS or battery) |  |  |
| SWR/output power meter |  |  |
| Packet capability |  |  |
| SSTV receive capability |  |  |

|  |  |  |
| --- | --- | --- |
| **RADIO STATION #2 - BACKUP** | | |
| **Transceiver** | | |
| Manufacturer and model |  | |
| Number of memories that support non-standard split and 1-kHz resolution |  | |
| Output power (watts) |  | |
| Frequency range (MHz) |  | |
| Minimum tuning resolution (kHz) |  | |
| **Transmit Amplifier** | | |
| Manufacturer and model |  | |
| Maximum output power (watts) |  | |
| **Receive Amplifier** | | |
| Manufacturer and model |  | |
| Location (in station or at antenna) |  | |
| **Antenna** | | |
| Type (such as single or crossed yagi) |  | |
| Manufacturer and model |  | |
| Gain (specify dBi or dBd) |  | |
| Number of elements |  | |
| Polarization (i.e. horizontal or right-hand circular; specify if switchable) |  | |
| **Antenna Rotator** | | |
| Type (none, azimuth, az/el) |  | |
| Manufacturer and model |  | |
| **Coax cable** | | |
| Type |  | |
| **Approximate length** |  | |
| **Tracking software** | | |
| **Name** |  | |
| **Automatic rotator control** |  |  |
| **Other station equipment** | | |
| **Power source (such as UPS or battery)** |  |  |
| **SWR/output power meter** |  |  |
| **Packet capability** |  |  |
| **SSTV receive capability** |  |  |

**(6.5) Please note any antenna obscuration data for the site of the radio contact**

NOTE: i.e. Azimuth Degrees from 0 to 45, Elevation Degrees 10

|  |  |
| --- | --- |
| *Azimuth Degrees* | *Elevation Degrees* |
| 0 (North) |  |
| 45 |  |
| 90 (East) |  |
| 135 |  |
| 180 (South) |  |
| 225 |  |
| 270 (West) |  |
| 315 |  |

**(6.6) Live re-transmission or webcast coordinator during contact**

|  |  |
| --- | --- |
| Name |  |
| Call sign |  |
| Address |  |
| City / Province |  |
| State / Country |  |
| Zip Code |  |
| Phone |  |
| Mobile |  |
| E-Mail |  |

**(6.7) How and on what frequency and mode? If a webcast, what is the Web site address / YouTube Channel, etc.?**

|  |
| --- |
|  |

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**AUTHORIZATION AND USE OF PERSONAL INFORMATION**

**In compliance with privacy laws on the detention and the processing of personal information, the applicants shall complete and sign the present authorization statement and submitted, duly scanned, to the ARISS School Selection Manager.**

*Educational Host Organization (section 1.1)*

|  |  |
| --- | --- |
| Organization Name |  |
| City |  |
| Principal / Legal Responsible Name |  |

The undersigned, duly authorized to represent the school (or youth organization), gives permission to the ARISS organization for the processing and use of data related to and needed for the setting up of an educative ARISS radio contact, provided care be taken that the data will not be made available to other parties, accordingly to the applicable law.

Moreover, the undersigned gives permission to the ARISS organization for publishing the school’s ARISS related educational project on the ARISS website, provided no personal data be made available, except the school’s address, e-mail and phone number.

Accordingly, to the applicable law, the undersigned give permission to the ARISS organization for the processing and use of their personal data related to and needed for the setting up of an educative ARISS radio contact, provided care be taken that the data will not be made available to other parties.

*Organization Main Point of Contact (section 1.2)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Principal/Legal Responsible (section 1.3)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Coordinating Teacher (section 1.4)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Public Relations Contact (section 1.5)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Local Amateur Radio Point of Contact (section 1.6)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Assisting Local Amateur Radio Club (section 1.7)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Additional Point of Contact (section 1.8)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Live re-transmission or webcast coordinator during contact (section 7.1)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

**NOTE: Only these (2) pages of authorization form (completed and scanned) shall be submitted in pdf file jointly the application form.**