

# Octavia project

## Application for Summer 2018

Thank you for your interest in joining the Octavia Project!

The Octavia Project Summer Institute is a **free intensive summer program** where young women and trans, nonbinary, or gender non-conforming youth from Brooklyn explore their love of science fiction and fantasy in daily workshops that combine science, tech, art, and writing.

Our program is a month long and runs from **July 5 – August 3, with an Orientation on July 3**. We meet **four days a week**—Tuesdays, Wednesdays, Thursdays, and Fridays—from **1pm-4:30pm**. Workshops are held at the **Pratt Institute MFA in Writing Community Space** at 424 Classon Ave, Brooklyn.

**Our final application deadline has been extended to June 8<sup>th</sup>.**

A completed application includes answers to all the questions and a parent/guardian signature in **two** places. Email completed applications to [info@octaviaproject.org](mailto:info@octaviaproject.org). Or, mail completed applications to: Octavia Project, PO Box 381031, Brooklyn, NY 11238.

**Questions?** Email [info@octaviaproject.org](mailto:info@octaviaproject.org) or call (516) 350-0804.

An Octavia Project participant will finish the program armed with:

- An online multi-media portfolio of their work that can be used for college, job, or internship applications.
- Strengthened skills in digital-media, art, and writing, as well as a greater confidence in science, technology, engineering, and math (STEM).
- Access to a network of professional women and opportunities for fellowships and other leadership opportunities.

Octavia Project participants are:

- Young women and trans, nonbinary, or gender non-conforming youth from Brooklyn who are 13 to 17 years old.
- Available to attend workshops four days a week, from 1-4:30pm, July 5<sup>th</sup>-August 3<sup>rd</sup>, as well as an Orientation on July 3<sup>rd</sup>.
- Into science fiction, fantasy, fan-fiction, art, writing, science, tech, gaming—or interested in learning more about these topics!

Your first name:

Your last name:

The name you prefer to go by:

Your date of birth (month/day/year):

Your age:

Your preferred gender pronouns:

(Your preferred gender pronouns are the pronouns that you would like others to use when talking to or about you.)

she/her/hers     he/him/his     they/them/theirs     other:\_\_\_\_\_

Your street address:

Apt #:

City:

State:

Zip:

Your home phone #:

Your cell # (if you have one):

Your email address:

Parent/ guardian name:

Parent/ guardian's cell phone number:

Email address for parent/ guardian:

Alternate phone number for parent/guardian:

Name of the school you attended this past year:

Your school's address:

Your grade level this past year:

Name and address of the school you'll be going to this fall:

Race/ethnicity (**optional**)

*Some of our funders require that the racial/ethnic composition of our program be documented. Providing this information will help us continue to receive funding for future years.*

**Please check any and all that apply or write in your identity.**

- Asian/Pacific Islander
- Black/African American/Caribbean American
- Chicanx/Latinx
- Middle Eastern/Arab American
- Native American/Indigenous
- White/European American
- Other: \_\_\_\_\_

Are you planning to work over the summer?

Are you planning to participate in any other programs this summer?

What responsibilities, outside of going to school, do you have? (for example, babysitting, translating for family, picking up sibling from school)

Are you able to commit to a summer program that meets four days a week from July 5-August 3?

- Yes
- No

How did you hear about Octavia Project?

Please be specific (name of online source, cafe, school guidance counselor, etc.)

Write a three to five sentence autobiography so we can get to know you better.

What are some of the activities you do? What are you interested in? What do you like to do in your free time?

Do you like to read?  Yes  No

What is your favorite book? Who is your favorite author? Why do you like them?

Do you like to write?  Yes  No

What sort of things do you write? (for example, poetry, fan-fic, horror)

If you create art, tell us about the kind of art you make. If you like art, tell us about the kind of art you like.

What do you like to do when you're on the computer? (For example, surf the web, play games, make things, etc.)

What is your favorite part of school?

What is your least favorite part of school?

If you could change one thing about the world, what would you change?

What do you hope to get out of being a part of Octavia Project?

Circle any/all of the subjects that are of interest to you:

Science Fiction

Fantasy

Anime

Manga

Comics

Superheroes

Fan Fiction

Role playing games

Board games

Art

Poetry

Sculpture

Computer games

Mythology

Fairy tales

Horror

Outer space

Time travel

Futuristic stories

Harry Potter

Other: \_\_\_\_\_

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## Parent/Guardian Consent Form

To Parents/Guardians of Minors: Thank you for completing this form. The completion and retention of this form by the Octavia Project is mandatory for your child's participation in the program.

The Octavia Project uses your child's interest in science fiction to build 21st century skills: science and tech workshops will focus on programming, engineering, and digital and media literacy, while art and writing workshops focus on creativity, innovation, communication, and critical thinking. Our participants will have access to women working in science, arts, tech, and humanities; and leadership and online publishing opportunities. The program runs Tuesday-Friday from 1pm-4:30pm, July 3-August 3, and takes place at Pratt Institute MFA in Writing Community Storefront, at 424 Classon Ave, Brooklyn.

I hereby give permission for my child to participate in the Octavia Project, described above. The following conditions apply:

- a) I understand that my child is fully responsible for her actions and behavior at all times during her involvement in the summer program.
- b) I verify that my child is physically and mentally capable of participating in the Octavia Project. I have indicated below any permanent or temporary medical or other condition(s), including special dietary and/or medication needs, which should be known to the Octavia Project and any medical provider who may provide treatment to my child.

Does your child have any medical needs we should know about? Yes No

If yes, please explain:

Does your child have any allergies or dietary restrictions we should know about? Yes No

Medication allergies, if applicable:

Environmental allergies, if applicable:

Food allergies, if applicable:

Dietary restrictions, if applicable:

c) In the event of any injury or illness suffered by my child, I authorize the Octavia Project or any of its representatives or teachers to act on my behalf and to obtain any necessary medical treatment for my child at my expense.

d) In an emergency I can be reached at the following phone number(s) (please list home, work, and/or cell phone numbers):

Name and phone number(s) of additional emergency contacts:

I certify that I am the parent or guardian of \_\_\_\_\_, who is under the age of eighteen years, to whom this consent form applies.

Parent/Guardian full name:

Telephone number:

Street Address:

City/State/Zip:

Signature:

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## Photo/Video Release Form

I understand that while my child is a participant of the Octavia Project there may be materials published, photographs taken, or video recorded that includes my child's name and/or image. These materials, photos, and recordings may be used to publicize the Octavia Project and share work produced by our participants. By signing this release form, I give permission to Octavia Project to use, publish, and reproduce my child's name and image. I waive any right to compensation related to use of my child's name, image or recording.

I certify that I am the parent or guardian of \_\_\_\_\_, who is under the age of eighteen years, to whom this release applies.

Parent/Guardian full name:

\_\_\_\_\_

Parent/ Guardian signature:

Participant signature:

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Questionnaire *(Optional)*

What do you expect from this program for your child?

What are some life skills that you want your child to learn?

Preferred method of contact: