

GRICUA VIRTUAL STEAAAM PROGRAM 2020 2021 INFORMATION SHEET



ALL APPLICANTS MUST BE A MEMBER OF THE GILA RIVER INDIAN COMMUNITY

Due to the recent success of our Virtual STEAAAM Summer Program, GRICUA will be hosting an ongoing Virtual STEAAAM (Science, Technology, Engineering, Art, Agriculture, Architecture and Math) Program over the next year. Each Quarter, GRICUA will post 3 activities (one per month) on its Facebook page and website.

- The Virtual STEAAAM Program 2020-2021 will offer STEAAAM based activities that the students can do right at home using household items.
- One (1) STEAAAM activity will be posted on GRICUA's website and Facebook page each month.
- Students who complete all 3 activities in each Quarter will earn a \$25.00 gift card, a STEAAAM activity kit and 4 General Admission guest passes to the Arizona Science Center!!!
 - Quarter 1: October –December
 - Quarter 2: January – March
 - Quarter 3: April – June
 - Quarter 4: July - September
- Parents will need to submit a photo/video to GRICUA for proof of completed project(s).
- Registration is required and must be completed prior to the start of a Quarter.
- Must have internet access.
- This is NOT a live-stream event.
- Students must be in the 5th-8th grade in the 2020-2021 school year.

In order to participate in GRICUA's STEAAAM Summer Program, students and their parents or guardians must understand and agree to the following:

Registration Deadline

- **Deadline to register is Friday prior to the start of a Quarter (October 1st, January 1st, April 1st and July 1st) at 4:00 PM.**
- Mail, fax or email applications to: GRICUA Attn: Virtual STEAAAM Program 2020-2021 at 6636 W. Sundust Rd Box 5091, Chandler, AZ 85226 or Fax 520-796-0672 or llarney@gricua.net.
- Parents will need to submit a photo/video of completed projects to GRICUA.
- All information submitted within the registration form will be kept confidential.



GRICUA Virtual STEAAAM Program 2020-2021 • Registration Form

STUDENT INFORMATION

Name: _____ Telephone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (Mo./Day/Yr.): _____ GRIC Enrollment No.: _____

(Please include copy of tribal identification card)

Gender: Female Male

PARENT INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____ Phone No. _____

2020-2021 SCHOOL INFORMATION

Name of School Attending: _____

Grade: _____

Describe your interest in science, math, engineering and/or technology.

The information contained in this application is true and correct to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature

Date

GRICUA MEDIA RELEASE FORM FOR MINORS



AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I give my permission to the Gila River Indian Community Utility Authority (“GRICUA”) for my child to be photographed, videotaped, or filmed during GRICUA-sponsored events or programs, including but not limited to, the Washington Youth Tour, the STEAAAM Program and High School Internship Program. I consent to GRICUA’s use of my child’s image and likeness in any GRICUA publication, promotional and marketing materials (including third party media outlets), and on any website (whether in original or altered form) for any lawful purpose. I acknowledge that the use of my child’s image and likeness in those media outlets are the sole property of GRICUA. I also understand and agree that this consent extends to third party media representatives or contractors who photograph, videotape, or film at the events or during the program.

I waive any right to the originals or copies of the media materials containing my child. I also understand that I do not have the right to inspect or approve the media prior to use by GRICUA. In consideration for my child’s participation in the GRICUA event, I waive any claims that I or my child may have, whether now or in the future, against GRICUA or any third party related to the use of the media, including any right to payment, royalty, or other type of compensation and any claim or demand for damages. This authorization is continuous and may only be withdrawn by specific rescission of this authorization.

Parent or Guardian Name: _____ Child’s Name: _____

Parent or Guardian Signature: _____ Date: _____