

Telescope Donation Application

Thank you for your interest in applying to receive a telescope donation. Each year Science Heads Inc. donates a limited number of telescopes to middle schools, high schools, colleges and universities around the U.S.. Donations are made as money and telescopes become available. Please complete the form below and return it via email to info@scienceheads.org or fax it to (270) 837-5321. You may attach additional pages or use the back of each page if more space is needed for supporting information. You will be notified once your application is received.

Type of Telescope Desired: _____ (circle one) Solar Night Sky

Telescope Requirements (i.e. aperture, mount type, accessories needed):

Applicant Name: _____

Applicant Title/Position: _____

Applicant Telephone: _____

Applicant Email: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School Principal/Department Dean: _____

Contact Telephone: _____

Email: _____

Please answer the following questions (see next page also):

1. Describe the science and/or astronomy program at your institution:

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2. Describe how you would use the donated telescope:

3. Do you have any contacts in your local amateur or professional astronomy community?
(circle) Yes No

4. Would any of these individuals or organizations be willing to provide technical support for using the telescope in your program?
(circle) Yes No

** If you don't know of a potential sponsor we will do our best to find one in your area.*

5. If Yes, please list potential supporters for your telescope:

Name	Organization	Contact Tele	Email

Science Heads Use Only:

Recvd	Date		Notes	Init
P1				
P2				
D1				
D2				
FIN				