



National
Aeronautics and
Space
Administration

Educational Programs Office

Dropping In a Microgravity Environment (DIME)

Please type or print in black ink only.

Full legal name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <i>Last name, suffix (e.g., Jr.)</i> <i>First name</i> <i>Middle name</i> </div>	Date of birth _____ <div style="text-align: right; font-size: small; margin-top: 5px;"> <i>mm/dd/year</i> <i>(e.g., 11/14/1992)</i> </div>
Place of birth _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <i>City</i> <i>State</i> <i>Country</i> </div>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

U.S. Citizen Yes No

Note: If U.S. Citizen and born outside the United States or Puerto Rico, you must provide the information requested below. If selected, you must provide documentation prior to start date for acceptance to be finalized.

Naturalization number _____ Date issued _____ Date expired _____

Passport number _____ Date issued _____ Date expired _____

You must provide both addresses:

Permanent (home) address _____	School name _____
	<i>If homeschooled, write "homeschooled"</i>
_____	School address _____
<i>City State 9-digit Zip Code</i>	
Telephone number _____	_____
	<i>City State 9-digit Zip Code</i>
Cell phone number _____	School telephone number _____
Permanent e-mail address _____	School e-mail address _____

Academic level this school year:

HS Freshman HS Sophomore HS Junior HS Senior

Have you previously applied for or participated in a NASA program? Yes No

Check any of the following NASA programs you have previously applied for (A) or participated in (P) and indicate the year:

(A)	(P)		YEAR	(A)	(P)		YEAR
<input type="checkbox"/>	<input type="checkbox"/>	FIRST		<input type="checkbox"/>	<input type="checkbox"/>	GRC TSU College Bound	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Exploring Program		<input type="checkbox"/>	<input type="checkbox"/>	INSPIRE	
<input type="checkbox"/>	<input type="checkbox"/>	GRC LERCIP High School		<input type="checkbox"/>	<input type="checkbox"/>	NES (NASA Explorers School) School Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC N.A.S.A. Project		<input type="checkbox"/>	<input type="checkbox"/>	SEMAA Site Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Shadowing Program		<input type="checkbox"/>	<input type="checkbox"/>	Other _____	

OFFICE USE ONLY

Date received _____ Date processed _____ Initials _____