Qualification Questionnaire

1) At what grade level would you use the microscope?
   A: K - 3
   B: 4th – 5th grade
   C: 6th – 8th grade
   D: 9th – 12th grade

2) Type of donation requested:   __ Permanent Placement   __ Temporary Loan    If so, duration: ________

3) Please estimate the number students that would be using the microscope during your school year.
   __________________________________________________________________________

4) Please estimate the number of days that your students would be using the microscope during your school year.
   __________________________________________________________________________

5) Please provide the curriculum showing where the microscope would apply.
   __________________________________________________________________________
   __________________________________________________________________________

6) Who is your science coordinator or the person responsible for managing the science equipment?

   Primary Contact
   Name: _____________________________
   Phone: _____________________________
   Email:______________________________

   Secondary Contact
   Name: _________________________________
   Phone: _________________________________
   Email:________________________________

7) What are your Federal Tax ID or your Non-profit ID #_______________________________________

8) What microscope configurations do you need?
   • Biological Compound
     o Monocular or Binocular (Please circle one)
     o Objective Powers (Please circle all that apply)
       • 4X
       • 10X
       • 40X
       • 100X oil
   • Biological Dissecting Stereo
     o What magnification do you need? (Please circle one)
       • Up to 10X
       • Up to 30X
     o Transmitted light or Reflected Light (Please circle all that apply)
   • Geological Compound
     o Reflected or Transmitted light or Polarizing (Please circle all that apply)
     o Objective Powers (Please circle all that apply)
       • 4X
       • 10X
       • 20X
       • 40X
   • Geological Stereo
     o What magnification do you need? (Please circle one)
       • Up to 10X
       • Up to 30X

9) Please describe the types of samples you will be viewing?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

10) How many of each type of microscope do you need?
    • Biological Compound ___________
    • Biological Dissecting Stereo ___________
    • Geological Compound ___________
    • Geological Stereo ___________
11) When do you need the microscopes? (Please supply the actual date you will need these for class work) month ___ day ___ year ___

12) If you are approved for a donation we may need to ship the microscopes to your location. There is a cost associated with shipping this equipment. Would you be willing to pay the shipping cost if required? (We will estimate this in advance of shipment)
   • Yes
   • No

13) Can your organization provide an “acceptance of donation” letter (on district or school letterhead) to JH Technologies and any additional donors?
   A: Yes
   B: No

14) For the purposes of expanding this program and if ultimately you do receive equipment from JH Technologies, would you and your school be willing help support any promotional materials we may need? (Examples would include your school name, pictures of your school, letters from students, and other promotional media)
   A: Yes
   B: No

15) Often times we don’t have enough refurbished microscopes to cover all the needs, however, we have developed relationships with microscope manufacturer’s who support this program. They are committed to providing instruments at cost to qualified institutions. If we don’t have enough refurbished microscopes available would you consider new instruments at cost?
   • Yes
   • No

16) If answered yes to 15 would you like us to provide information on the types of instruments available in this program?
   • Yes
   • No