

# Florida Governor's School for Science, Mathematics and Space Technology 2008 Summer Academy Application Packet

## Instructions

The application may be written or typed. If you chose not to type this form, please be sure to write legibly, especially if your e-mail address contains unusual characters. Please submit completed applications as soon as possible, as they will be reviewed upon receipt. The application form, including recommendation and documentation, if appropriate, must be mailed to:

Florida Governor's School for Science, Mathematics and Space Technology  
2008 Summer Academy  
c/o Center for Educational Research and Policy Studies  
College of Education  
Florida State University  
Tallahassee, FL 32306-4453

## Part I. Applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  Male  Female

Citizenship  US Citizen  Permanent Resident of the United States

Race/Ethnicity - Optional

Caucasian  African-American  Hispanic  Native American/  
Native Alaskan  Asian/  
Pacific Islander  Multiracial  Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address (Required for confirmation notices. Please write legibly)

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Current School \_\_\_\_\_ School District \_\_\_\_\_

Are you currently participating, or have you participated in the past, in a Gifted education program?  Yes  No

If yes, please provide a copy of the student's Gifted eligibility form.

Indicate grade level for the 2008-2009 school year. \_\_\_\_\_

Please indicate camp for which you are applying:  June 1 – June 6, 2008  June 29 – July 4, 2008  No Preference

## Part II. Parent(s)/Guardian(s)

(Circle One: Mr. Mrs. Ms. Dr.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

(Circle One: Mr. Mrs. Ms. Dr.) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please provide home address and phone number if different than the applicant's:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Did your son/daughter participate in Duke TIP Talent Search (or another Talent Search):  Yes  No

**If yes, please provide a copy of their SAT or ACT scores from Talent Search.**

### Part III. Test Information

Please complete SAT, ACT and/or IQ information and submit a copy of score report(s).

SAT date taken \_\_\_\_\_ SAT Critical Reading Score \_\_\_\_\_ SAT Math Score \_\_\_\_\_ SAT Writing Score \_\_\_\_\_  
ACT date taken \_\_\_\_\_ ACT English Score \_\_\_\_\_ ACT Math Score \_\_\_\_\_ ACT Reading Score \_\_\_\_\_  
ACT Science Score \_\_\_\_\_ ACT Composite Score \_\_\_\_\_  
Date IQ administered \_\_\_\_\_ IQ composite Score \_\_\_\_\_

### Part IV. Short Essays

Short essay answers should be limited to 500 words or less and must be completed by the applicant; please provide responses on separate sheets of paper.

1. Briefly discuss your interest in science and/or space technology. What exactly motivates you to want to attend this summer experience?
2. Briefly describe a challenge or event in your life that changed the way you think. Explain what you learned about yourself from this experience.

### Part IV. Teacher Recommendation

Please distribute the recommendation form directly to a previous or current math or science teacher. The form must be returned to the applicant in a separate, sealed envelope with the recommender's signature across the seal. The submitted application packet must include this sealed envelope.

1. Please list the name of the math or science teacher who will submit the sealed Teacher Recommendation Form to be included with the submitted application. This form is required for all applicants.

Teacher's name \_\_\_\_\_

### Part VII. Certification

- I/we certify that all my/our application answers and essays responses are accurate.
- I/we certify that all my/our child's responses on the student application are his/her own work and generated solely for the purpose of applying to participate in the Florida Governor's School for Science, Mathematics and Space Technology 2008 Summer Academy.
- I/we understand that each selected applicant will agree to participate in any research and/or evaluation conducted for the purpose of gaining a better understanding of the 2008 Summer Academy's success.

\_\_\_\_\_  
Custodial Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please remember that a completed application includes: the two page application, copy of recent ACT/SAT and/or IQ scores, two short essays, signed teacher recommendation form and, if applicable, copy of SAT/ACT scores from talent search.**

Applicant Name: \_\_\_\_\_

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### Teacher Recommendation Form

- **To the Applicant**

Be sure to include your name on this form. Give the form to one of your current/previous math or science teachers. Once the school official completes the form, he/she will return the form to you in a sealed, signed envelope to return along with your application packet.

- **To the Teacher**

We appreciate your cooperation in completing this form. Your observations are an important part of the student's application. Your recommendation will be read only by the 2008 Summer Academy's selection committee and will not be shared with the student or his/her parent(s)/guardian(s).

**Please complete this recommendation form and return it to the applicant in a sealed envelope with your signature written across the seal**

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Name \_\_\_\_\_

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Subject Taught \_\_\_\_\_

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Email Address \_\_\_\_\_

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School Name \_\_\_\_\_

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School Address \_\_\_\_\_

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Telephone \_\_\_\_\_

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School Type       Public                       Private                       Parochial                       Magnet

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Please assess the applicant as compared to other bright (i.e., gifted) students that you have taught.

	One of the best	Top 5%	Above Average	Average	Below Average	No Basis
Science Achievement						
Math Achievement						
Academic Achievement						
Intellectual Achievement						
Ability to work independently						
Ability to work cooperatively						
Motivation						
Leadership						
Integrity						
Reaction to setbacks						

I certify that all information on the School Report Form is accurate.

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Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to the applicant in a sealed envelope with your signature written across the seal.**