

ACADEMIC STUDENT APPLICATION GUIDELINES

What is the Governor's School for Excellence?

Governor's School is a week-long residential program sponsored by the Office of the Governor of Delaware that provides traditional and non-traditional college level education, leadership training, and social activities for academically gifted rising eleventh graders. Students live in University dorms, eat at the dining hall, and participate in a stimulating, educational experience. The academic curriculum includes programs in the humanities, science and engineering, business, and political science.

We encourage open-minded, inquisitive, and academically talented students who will be entering eleventh grade in Fall, 2017 to apply. **Applicants must reside in the state of Delaware.**

Where? University of Delaware, Newark

When? Sunday, July 9 – Friday, July 14, 2017

How to Apply:

In this packet you will find an application, permission form and two recommendation forms (you should ask two teachers to complete these). By signing the permission form, you and your parents agree that you may live on campus for the entire week and attend all activities, except in an emergency. The forms must be returned to your principal by **April 14, 2017 or by the date your school suggested**. In addition, your school may require you to write a 500-word application essay at a time and place to be announced by your principal. Please read and complete the forms carefully.

Notification: You will be notified by mail of your acceptance status in mid-May.

Questions?

If you have questions about the application form or the process, please contact Jason Thompson, Governor's School Coordinator, at jasont@udel.edu.

GOVERNOR'S SCHOOL FOR EXCELLENCE
July 9-14, 2017 ♦ University of Delaware

ACADEMIC STUDENT APPLICATION FORM

Directions:

1. Detach cover page and fill out form completely and legibly.
2. Attach two (2) Letters of Recommendation from teachers using the forms provided.
3. Describe any community projects, extracurricular activities or achievements you wish the school selection committee to consider in evaluating your application. *Attach an additional sheet for this purpose.*
4. Ask a guidance counselor to fill out the achievement test and academic rank portion below.
5. Submit this application to your Principal by **April 14, 2017**

PLEASE PRINT NEATLY OR TYPE INFORMATION

Student's Last Name	First Name	Initial
Home Address	City/State	Zip Code
Home Phone #	Cell Phone #	Date of Birth
Male or Female	School	Student's Signature
Parent Signature	Parent Contact Phone Number	

Parent E-Mail Address: _____ @ _____
(please print neatly as we will use e-mail to communicate)

Information to be provided by school guidance counselor:

1. List the most recent achievement test(s) (e.g., PSAT, Smarter Balance) taken and scores.

2. Academic rank. Student ranks _____ in class size of _____. On a four point grade scale, the student's grade point average is _____.

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STUDENT/PARENT PERMISSION FORM

I give my permission for _____ to participate in the Governor's School for Excellence, scheduled from July 9-14, 2017 at the University of Delaware. I understand the following rules and policies will apply:

1. All expenses for room, board and tuition will be paid by the State of Delaware.
2. Transportation to and from the University of Delaware and money for personal expenses will be provided by the student. Suggestion: bring cash for later-night food delivery to the dorms, if desired.
3. Accommodations will be provided in residence halls on the campus of the University of Delaware. Residence hall advisors/chaperones will be provided for the students.
4. All participants will abide by the rules and regulations, **including no overnight absences or absence from any scheduled activity except in the case of an emergency.** No excuses will be granted for a student to attend other activities during the week.
5. No drugs or alcohol are permitted at Governor's School. Evidence of possession or use of either will result in immediate dismissal from the program.
6. All students are expected to cooperate with the School's staff, to be courteous to the instructors, and to participate fully in the activities of Governor's School.
7. Infraction of the rules or regulations may be just cause for immediate dismissal.

I also grant permission for the school to forward my child's test scores and letters of recommendation to the Governor's School office for the purpose of selecting students.

SIGNED: _____ DATE: _____
Parent or Guardian

I have read, understand and agree to abide by the rules for Governor's School for Excellence. I further understand any infraction of the Governor's School for Excellence rules will be just cause for immediate dismissal from the program.

SIGNED: _____ DATE: _____
Student

Please circle a t-shirt size: S M L XL

GOVERNOR'S SCHOOL FOR EXCELLENCE

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TEACHER LETTER OF RECOMMENDATION 1

Two teacher recommendations are required for the application. The student may choose the teachers, but they must have taught the student within the past twelve months.

Student's Name _____

District _____ School _____

1. What class or independent study under your supervision has the student taken during the past twelve months?

2. In your class, describe the most outstanding feature(s) of this student's work.

3. Has the student shown evidence of applying the subject matter? Please discuss.

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4. Estimate the extent to which the student demonstrates the qualities listed below. Circle appropriate numbers.

(scale: 8-10 Superior 6-7 Good 4-5 Fair 1-3 Poor)

originality of ideas	10	9	8	7	6	5	4	3	2	1
independence of thought	10	9	8	7	6	5	4	3	2	1
intellectual curiosity	10	9	8	7	6	5	4	3	2	1
creativity	10	9	8	7	6	5	4	3	2	1
consistency of efforts in studies	10	9	8	7	6	5	4	3	2	1
attitude toward other students	10	9	8	7	6	5	4	3	2	1
attitude toward the teacher	10	9	8	7	6	5	4	3	2	1

5. Please add any other comments you think would be helpful to the school selection committee in considering this student's application, including how you would rank the student among others with whom you have worked.

Teacher's Name (please print)

Teacher's Signature

Subject Area

Please return this form to your school principal to be included with the rest of the application.

Attach additional sheet if needed.

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TEACHER LETTER OF RECOMMENDATION 2

Two teacher recommendations are required for the application. The student may choose the teachers, but they must have taught the student within the past twelve months.

Student's Name _____

District _____ School _____

1. What class or independent study under your supervision has the student taken during the past twelve months?

2. In your class, describe the most outstanding feature(s) of this student's work.

3. Has the student shown evidence of applying the subject matter? Please discuss.

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