

2009 Young Scholars Institute

Session I: Math and Science, June 14 – June 20
Session II: Arts and Humanities, June 21 – June 27

Sponsored by the Advanced Academy of Georgia
at the University of West Georgia

APPLICATION PROCEDURE

Students may apply for either Session I or Session II or both. To expedite the application process, please complete the attached application and supporting documents and return them with a **\$100 application fee**, which will be applied toward the total cost—\$500 for a one-week session or \$900 for the two-week program. The cost includes room, board, classroom supplies, and activities. The \$100 application fee is non-refundable for those who are accepted into the program. The application fee will be refunded to students who are not accepted. Limited need-based scholarships may be available.

Application deadline is May 11, 2009.

The application may be typed or legibly handwritten.

The following items are needed before an application will be evaluated for admission to the Young Scholars Institute:

- Completed application and application fee.
- Official school transcript (include with your application). Ask your Guidance Counselor to provide a copy of your transcript in a sealed envelope.
- Physical Condition/Permission to Treat Statement and Waiver of Liability. **Please note that these must be signed in the presence of a Notary.**
- Personal questionnaire completed by student.
- Two recommendations from teachers. (**Applicants for Session I must submit at least one recommendation from a math or science teacher.**) Please ask the two teachers to complete the enclosed recommendation forms and return them to you in sealed envelopes. Include the two recommendations with your application.
- ITBS, PSAT, SAT, ACT or other standardized test scores.

Submit all application materials by the May 11, 2009 deadline. Enrollment will be limited to 24 young scholars each week. Applications will be reviewed by a committee of Institute faculty and staff. Selection will be based on strength of application including personal statement, school transcript, teacher recommendations, and standardized test scores. Additional information may be requested.

CONTACT

Send applications and/or direct any further questions to:

Ms. Susan Colgate
The Advanced Academy of Georgia
University of West Georgia
Carrollton, GA 30118

Phone: (678) 839-6249

E-mail: scolgate@westga.edu

2009 Young Scholars Institute

Session I: Math and Science, June 14 – June 20, 2009

Session II: Arts and Humanities, June 21 – June 27, 2009

Please Check One:

- Session I: June 14 – June 20, 2009 (\$500)
- Session II: June 21 – June 27, 2009 (\$500)
- Sessions I and II: June 14 – 19 and June 21 – 27 (\$900) **Please note that participants will return home for the night of June 20 and return to campus on June 21.

APPLICATION

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone Number: _____ Gender: _____ Date of Birth: _____

School You Last Attended: _____ Grade Next Year: _____

Address of School: _____

Telephone Number of School: (_____) _____ Race/Ethnic Group: _____
(Optional)

Test Scores: _____
PSAT SAT (verbal, math) ACT (English, math) ITBS or other

Father's Name: _____ Occupation: _____

Father's Address: _____ Phone Number: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____ Phone Number: _____

Guardian's Name: _____ Occupation: _____

Guardian's Address: _____ Phone Number: _____

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Have you participated in Duke University's Talent Identification Program? _____

_____ I request financial aid and have completed the financial aid request form.

Signature of Parent or Guardian: _____ Date: _____

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APPLICANT QUESTIONNAIRE

Tell us about yourself!

Name: _____

(Use Additional paper if necessary)

Why are you interested in attending the Young Scholars Institute?

List activities and community service projects in which you have been involved. Note leadership positions held.

What is your favorite outside-of-class activity?

4. Comment on evidence of intellectual curiosity and the student's involvement in special projects or activities.

5. Please give your thoughtful evaluation of the student's potential for success in the setting of our one-week summer Math, Science, and Computer Institute for rising eighth and ninth graders.

6. Other evaluative ratings that would help the selection committee.

1 = Not applicable 2 = Needs Improvement 3 = Average 4 = Above Average 5 = Excellent

Academic Achievement	1	2	3	4	5
Attitude	1	2	3	4	5
Communication Skills	1	2	3	4	5
Innovative	1	2	3	4	5
Natural Ability	1	2	3	4	5
Punctuality	1	2	3	4	5

RECOMMENDATION
(1 = lowest & 10 = highest)

Cannot Recommend 1 2 3 4 5 6 7 8 9 10 Highly Recommended

The applicant was my student in _____ class at _____ grade level.

Print Name

School

Signature

Date

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Print Name

School

Signature

Date

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REQUEST FOR FINANCIAL AID

All scholarships will be awarded based on financial need. The following information is necessary in order to process your application:

Check one:

- I am requesting a full one-week scholarship.
 I am requesting a full two-week scholarship.
 I am requesting a partial scholarship in the amount of \$_____.

Average gross monthly family income is \$_____.

Please provide your 2008 1040 Tax Form or other verification of income.

List names and ages of all family members living in the household:

Name	Relationship	Age

List two persons (school counselor, clergy, or employer) who can verify the above information:

Name	Address	Phone

I attest that all information on this Request for Financial Aid is correct.

Parent/Guardian Signature _____ Date _____

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Permission to Treat Statement and Waiver of Liability

Item I

I, the Parent/Guardian, do assume responsibility for my son/daughter being in good health and duly able to participate in any and all institute activities unless specifically stated in the Special Medical Problem(s) and Activity Exclusions form provided upon acceptance to Young Scholars Institute 2009.

Item II: Permission to Treat

I, the Parent/Guardian, authorize a representative of the University to take my child for medical treatment to either the Student Health Services at the University of West Georgia, a private physician, Tanner Medical Center, or the nearest medical facility while he/she is enrolled in the University of West Georgia program, including while participating in any field trip that may be included in the curriculum.

Item III

I, the Parent/Guardian do assume responsibility for all fees and charges that may result from emergencies or extended medical care.

Item IV

I, the Parent/Guardian, give permission for my son or daughter to participate in any field trips that may be a part of the Institute's curriculum.

Name of Participant _____ SSN _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

In case of emergency call (name) _____ (phone) _____

Insurance Carrier _____ Phone _____

Insurance Contract Number _____ Group Number _____

Physician Information:

Name of Physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____

Signature of Parent/Guardian _____

Printed name of Parent/Guardian _____

Sworn to and subscribed before me this ____ day of _____, 2009

Notary

**Release, Waiver of Liability
& Covenant Not to Sue**
(Read Carefully Before Signing)

The undersigned hereby acknowledges that participation in athletic programs, recreational activities and other physical activities engaged in voluntarily involves inherent risks of physical injury, illness or loss of personal property and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the University of West Georgia allowing the undersigned to participate in recreational programs or athletic activities for which or in connection with which the university has sponsored or made available any equipment, facilities, grounds or personnel for such programs he or she does hereby release and forever discharge the University of West Georgia and the Board of Regents of the University System of Georgia, its members individually and its officers, agents and employees from any and all claims, demands, right and causes of action of whatsoever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damage to property, and the consequences thereof, resulting from my child's participation in or growing out of or connected with such athletic program or recreational activities, or other physical activities engaged in voluntarily.

I understand that the acceptance of this Release and Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I have read the above carefully before signing.

Parent/Guardian _____ Date _____
(If participant is less than 18 years of age)

Child's Name _____

Sworn to and subscribed before me this _____
day of _____, 2009.

Notary