Application for Admission

The
Advanced Academy
of Georgia

UNIVERSITY of
West Georgia

Educational Excellence in a Personal Environment
Advanced Academy of Georgia Admissions Procedures

Getting Started: Read these instructions carefully before you begin preparing your application. If you have questions about the application instructions, please do not hesitate to contact us. We recommend that you make photocopies of your entire application packet for your personal records before submitting it.

Self Managed Applications: It is your responsibility to prepare and collect all materials, other than test scores, and submit them at one time to the Academy office. This requires planning on your part to allow time for you to prepare the application properly and collect all the required materials. This process gives you, the applicant, control over when your application is complete and eliminates the need for concern over lost or misdirected forms, transcripts, and references. Receipt of your application packet will be acknowledged. Incomplete files will not be considered.

Application Deadlines: Applications will be reviewed for fall semester beginning December 1, and The Advanced Academy will accept applications through July 1; however, there are earlier deadlines that must be met for students who are interested in scholarships. For detailed information about the scholarships that are available, please see The Advanced Academy of Georgia Need-Based Scholarship Application and explanation of Other Advanced Academy Scholarship Options found on the back of the scholarship application.

Campus Interview for Student and Parent(s)—Applicants and parents will be contacted to schedule an interview after the student’s application has been evaluated and it has been determined that Academy minimum eligibility requirements have been met. No admission decision will be made prior to the interview component of the admission process.

The following items must be submitted before an application will be evaluated:

- Application for admission and the $30.00 application fee (payable to the University of West Georgia)—The application may be typed or legibly printed. Should you require additional space, please attach a separate sheet of paper.
- High school and college (if applicable) transcript(s)—Ask your counselor and/or registrar to provide two official and sealed copies of your transcript(s) for the ninth through the tenth grades (eleventh grade if you are a junior). Please provide your high school (and college) with the completed Transcript Request Form. If you are accepted into The Academy, an end-of-year transcript will also be required.
- SAT or ACT scores—We will accept scores directly from your school or the testing agency. If you have not taken one of these national tests, you should plan to do so in accordance with application deadlines. The reporting number for University of West Georgia is 5900. Applications for the tests may be obtained from your school counselor or from www.collegeboard.com or www.act.org. Please inquire about taking the SAT in our institutional testing program if you do not have sufficient time to take the test in the national testing program. PSAT scores are not accepted.
- High School Acknowledgement Form must be completed by your high school counselor or principal.
- Parental Permission Form
- Admissions Questionnaire
- Two Teacher Recommendations—Please ask two teachers (academic classes only) to complete recommendation forms for you. You should provide the teachers with envelopes addressed to The Advanced Academy of Georgia. Once completed, they will return the forms to you inside the sealed envelopes.
APPLICATION FOR ADMISSION TO THE ADVANCED ACADEMY OF GEORGIA

PLEASE COMPLETE ALL ITEMS AND PLEASE PRINT CLEARLY

A $30 NON-REFUNDABLE APPLICATION FEE is required from all applicants. (Payable to the University of West Georgia)

Anneliesa Finch, Program Specialist
Honors House
University of West Georgia
Carrollton, Georgia 30118-5900
Phone: 678-839-6249
Fax: 678-839-0636

APPLICANT INFORMATION

1. Social Security Number

2. Name

3. Permanent Address

4. Mailing Address

5. Are you presently employed? ☐ If so, where? _______________________________ Work Phone No. ____________________

6. Sex: ☐ Male ☐ Female

7. Birthdate _______________________________ 8. E-mail address _______________________________

9. Race or Predominant Ethnic Group: (optional - used for statistical purposes only)

☐ Asian or Pacific Islander ☐ American Indian ☐ Black (Non-Hispanic Origin) ☐ White (Non-Hispanic Origin) ☐ Hispanic ☐ Multiracial


ADMISSIONS INFORMATION

11. Year you plan to enter: _______________________________

12. Area(s) of academic interest _______________________________

13. Have you previously enrolled at West Georgia? ☐ Yes If so, when? ___________ ☐ No What classification? _______________________________

14. Have you previously applied to West Georgia? ☐ Yes If so, for what semester and year? ___________ ☐ No

RESIDENCY INFORMATION

15. Citizenship Status

☐ U.S. citizen by birth ☐ U.S. citizen by naturalization (attach copy of naturalization papers or passport)

☐ Alien, Non-Immigrant (attach copy of passport with official name and photograph)

☐ Alien, Permanent Resident (attach copy of the front and back of Alien Registration Card (Form I-551)

16. Country of citizenship _______________________________

17. What is the primary language spoken at home? _______________________________

18. Are you a legal, permanent resident of the state of Georgia? ☐ Yes ☐ No

a. If yes, how long have you lived continuously in Georgia immediately prior to this application? _______________________________

b. If yes, in what county? _______________________________

c. If no, in which state are you a legal resident? _______________________________
19. List all high schools and preparatory schools you have attended.

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<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Dates Attended (Mo., Yr.)</th>
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20. List all post-secondary institutions you have attended.

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<th>City, State</th>
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21. Check your high school activities:

- Chorus
- Newspaper
- Student Government
- Band
- Theatre
- Beta Club
- National Honor Society
- Art
- Athletics
- Debate
- Other _______________________________________________________________________

22. Have you taken the SAT or ACT?

- Yes
- Test Date(s) ___________________________________________________________________
- No

23. Have you ever been expelled or suspended from school for disciplinary reasons, including in-school suspension?

- Yes
- Attach a detailed explanation.
- No

24. What year do you plan to graduate from high school? _____________________________

OTHER INFORMATION

25. Father’s Name ______________________________________________________________________________________

26. Father’s Address ____________________________________________________________________________________

27. Mother’s Name _____________________________________________________________________________________

28. Mother’s Address ___________________________________________________________________________________

29. Guardian’s Name: ___________________________________________________________________________________

30. Guardian’s Address __________________________________________________________________________________

28. In case of emergency, whom do you wish the university to contact?

Name ______________________________________________________________________________________________

Address ____________________________________________________________________________________________

Relation to you? ______________

Phone Number ________________________

29. Have you ever been convicted of any criminal offense other than a traffic violation? ______________ If yes, attach a detailed explanation.

30. I certify that the above statements are true and complete and understand that any omission or misrepresentation will invalidate any further consideration or subsequent admission. If accepted, I agree to abide by the regulations of the University of West Georgia and of The Advanced Academy of Georgia as found at www.advancedacademy.org, http://www.westga.edu/assets/docs/UG-current.pdf, and http://www.westga.edu/assets/docs/studentHandbook-current.pdf.

Signature of Applicant ___________________________ Date _____________________

CERTIFICATE OF IMMUNIZATION FOR MEASLES, MUMPS, RUBELLA, TETANUS (DT), HEPATITIS B, AND VARICELLA (CHICKENPOX) IS REQUIRED OF ALL APPLICANTS PRIOR TO ENROLLMENT.
The Advanced Academy of Georgia Need-Based Scholarship Application
2010-11

Please read and follow all of the following directions carefully to avoid delays in the processing of your application:

Through the generosity of individuals and foundations, the Advanced Academy of Georgia is able to offer a limited number of need-based scholarships. If you wish to be considered, please complete the following information and submit to Christie Williams, UWG Honors College, Carrollton, GA 30118, or you may fax it to her attention at 678-839-0636, ALONG WITH your custodial parents’ 2009 federal tax return (1st two pages of 1040) and your Student Aid Report received after completing the 2010-11 Free Application for Federal Student Aid (go to www.fafsa.ed.gov and follow the directions to complete this application and receive the Student Aid Report). Please note: In completing the FAFSA, YOU ARE NOT applying for federal loans and/or grants. Academy students are not eligible for federal aid. We use the Expected Family Contribution obtained from the FAFSA in calculating the need for our scholarships. When asked on the FAFSA if you have a high school diploma, please answer NO.

Application Deadline: JUNE 1, 2010 (Awards will be made by July 1, 2010)

Name________________________________________________________ SS#_______________________
Address____________________________________________________ Telephone____________________
City___________________________________State________County __________________ Zip__________
Student’s Email Address___________________________________________________________________
Parent’s Email Address____________________________________________________________________
Are your parents divorced? _____Yes _____No If yes, with whom do you live? _____Mother _____Father
Mother’s Name___________________________________________Occupation_______________________
Stepfather’s Name________________________________________Occupation_______________________
Father’s Name___________________________________________Occupation_______________________
Stepmother’s Name_______________________________________Occupation_______________________

List those who live in your household and receive at least half of their financial support from your parent(s).

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<th>Relationship</th>
<th>School Attending, if Applicable</th>
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**If you feel there is information about your current financial situation that is not accurately presented by your taxes and Student Aid Report, please attach a brief written statement along with this application and other documentation. Based on this information, you may be asked for further documentation or information before a scholarship award can be made.

**Attention International Students – You are not eligible to apply for these scholarships since you are required to prove your ability to pay before being admitted to UWG or the Academy. However, a limited number of out of state tuition waivers are available for International students. There is no separate application for these waivers. You will automatically be considered upon being admitted.

Please see the back of this application for other scholarship options available for Academy students at the University of West Georgia.
Other Advanced Academy Scholarship Options

Please note that Academy students will be competing with other university students for the following awards.

UWG Presidential Scholarships

The most prestigious scholarships offered on campus are the Presidential Scholarships. There is no separate application for these scholarships. Potential students are identified by their admission data and then interviewed. To be competitive for this scholarship, a student must have a SAT composite score (Critical Reading and Math only), or equivalent ACT score, of at least 1350 and a GPA very close to a 4.0. **A student who wishes to be considered for a Presidential Scholarship MUST apply to the Advanced Academy by February 19, 2010.**

UWG Freshman Foundation Scholarships

These scholarships are awarded only to new students for their first year. They are not to be combined with any other institutional scholarships (other than HOPE) and are not renewable. A student will need to submit an academic resume to the UWG Admissions Office in order to be considered. Please be aware that there is a specific format required for the resume (see the website listed below). **A student must be admitted and submit a resume by February 5, 2010 in order to be considered for this scholarship.**

For more information about both of these scholarships, please go to [http://www.westga.edu/admiss/index_1071.php](http://www.westga.edu/admiss/index_1071.php).
The Advanced Academy of Georgia
at the
University of West Georgia
www.advancedacademy.org

ADMISSIONS QUESTIONNAIRE

Page 1

Name_______________________________________________________________________________

First                                               Middle                                      Last

Social Security Number: ________-________-________  Home Phone: (______) _______-__________

Home Address: _______________________________________________________________________

(Street)

(City)  (State)  (Zip Code)

Student lives with:    Both parents      Mother      Father       Guardian        Other        (attach explanation)

Name of parent(s) or guardian with whom student resides: _______________________________________

_______________________________________

Work phone numbers of parent(s) or guardian: Mother (      ) _____________________________________

                                      Father (      ) _____________________________________

Name/Address/Phone number of parent(s) living apart from student:

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<th>Address</th>
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PARENTS:
Use this space and the back of this page to write a statement supporting your child’s application to The Advanced Academy of Georgia at the University of West Georgia. You may respond on a separate sheet, but please limit your response to no more than one page.
STUDENTS: Use the spaces provided to respond to the following questions. Additional paper may be used to expound upon your answers. If answers are not typed, please write legibly.

1. Why are you interested in attending the Advanced Academy of Georgia?
2. What unique qualifications or personal strengths do you possess that you believe would make you a successful Academy student? Please keep in mind that the Advanced Academy is both an academic and a residential program when formulating your answer.
3. What do you perceive to be the differences between high school and university academics and responsibilities? What personal attributes do you possess that will facilitate your adjustment from high school to the University of West Georgia?
4. What do you perceive to be areas in which you may need to make improvements or adjustments (e.g. time management skills)? What kind(s) of changes do you think you will have to make in order to be successful in the Academy, if any?
5. List extracurricular activities and community service projects with which you have been involved. Note leadership positions held.
I (We) hereby authorize ______________________________________________
(Name of Student)
to enroll in The Advanced Academy of Georgia at the University of West Georgia
and to participate fully in the academic and residence hall components of the program as
well as in all University activities except Greek social organizations (Greek honorary
organizations are encouraged) and NCAA athletics. I understand that my son or daughter
named here must maintain satisfactory grades and abide by the rules and regulations of
The Advanced Academy of Georgia at the University of West Georgia in order to remain
in good standing and continue with enrollment.

I (We) further understand that if our son or daughter is entering the Academy as a
high school junior, readmission for the following year is not automatic. The following
will be considered as he/she is evaluated after the first year in the Academy: academic
performance; residence hall discipline record; and participation in Academy activities,
including community service and Thursday Night Dinners.

_________________________________________  ______________________
Signature of Parent/Guardian   Date

_________________________________________  ______________________
Signature of Parent/Guardian   Date
To: Anneliesa Finch, Program Specialist  
The Advanced Academy of Georgia  
Honors House  
University of West Georgia  
Carrollton, GA 30118

From: ______________________________ (_____)______-_________
High School Phone-Counselor’s office

School Address

Re: ______________________________ _______-_____-_________
Student’s Name Social Security Number

Date: ______________________________

The student named above wishes to be a candidate for admission to The Advanced Academy of Georgia at the University of West Georgia. The student’s acceptance into The Advanced Academy of Georgia will be based on a combination of factors, including standardized test scores, high school record, intellectual curiosity, leadership potential, record of community service, and potential to benefit from the collegiate environment offered by The Advanced Academy of Georgia.

This student is on track for completion of CPC requirements, and we acknowledge his/her intent to enroll in the Advanced Academy of Georgia beginning _____________ Semester, 20___ . We understand that Academy personnel will work closely with us to ensure that the student meets high school graduation requirements.

What is this student’s Student Georgia Testing Identification number (GTID)?

_________  _____________________

Has this student been the object of any disciplinary action(s)? Yes____ No____
If yes, please explain on a separate sheet.

______________________________
Signature of High School Counselor or High School Principal

Only students meeting these minimum criteria will be considered for admission to The Advanced Academy of Georgia: GPA of 3.5 on academic units (computed using Advanced Academy and University System of Georgia guidelines), Composite SAT 1150 (ACT 25), SAT critical reading 580 (ACT English 25), and SAT Math 530 (ACT22).
Transcript Request Form

To be completed by the Applicant:

Full Name: ______________________________________________________________

first   middle   last

Mailing Address: _________________________________________________________

number/street

________________________________________________________

city    state   zip code

Social Security No: _____-____-______ High School/College: __________________

Dates of Attendance: ________________

Number of Copies of Transcript Requested: 2

I authorize release of the official transcript of my academic records at the high
school/college mentioned above for submission to The Advanced Academy of Georgia at
the University of West Georgia.

______________________________        ______________________________
Signature of applicant            date signed

TO THE REGISTRAR:  This person is applying for admission to The Advanced
Academy of Georgia at the University of West Georgia. We utilize a self-managed
application process in which the applicant submits all transcripts, the application, and
other documents (except test scores if not posted on official transcript) to us in a
complete packet.

Please enclose this form with the applicant’s official transcript in the envelope provided
and either place your high school/college seal or your signature on the back flap of the
envelope. Please give or mail the transcript to the applicant, who will submit it to us,
unopened, in the application packet. Thank you in advance.

Anneliesa Finch, Program Specialist
The Advanced Academy of Georgia
Honors House
University of West Georgia
Carrollton, GA 30118-5130
(678) 839-6249
THE ADVANCED ACADEMY OF GEORGIA
AT THE
UNIVERSITY OF WEST GEORGIA
WWW.ADVANCEDACADEMY.ORG

TEACHER RECOMMENDATION

Student: _______________________________________
_____________________________________
Mailing address _______________________________________
City                     State                     Zip

TO THE TEACHER: This form is to be completed by a teacher who has taught the above
student within the last two years in an academic subject only. Please enter your
observations and comments and return the form directly to your student in a sealed
envelope. If you have questions, please call the Academy office at (678) 839-6249.
Thank you for your assistance.

1. How well and in what capacity do you know this student?

2. Comment on the student’s maturity, leadership, and adaptability.

3. Comment on the student’s motivation, self-discipline, and study habits.
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 both academically and socially in the setting of The Advanced Academy of Georgia.

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

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<tr>
<th>Rating</th>
<th>Academic Achievement</th>
<th>Attitude</th>
<th>Communication Skills</th>
<th>Innovative</th>
<th>Natural Ability</th>
<th>Punctuality</th>
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RECOMMENDATION:

Circle the number

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

The applicant was my student in __________________________________________________________
Class course grade level

__________________________________  ___________________________________________
Print Name School

__________________________________  ___________________________________________
Teacher Signature Address

__________________________________  ___________________________________________
Date Phone City State Zip
Student: _______________________________________

_______________________________________
Mailing address

_______________________________________
City   State  Zip

To the Teacher: This form is to be completed by a teacher who has taught the above student within the last two years in an academic subject only. Please enter your observations and comments and return the form directly to your student in a sealed envelope. If you have questions, please call the Academy office at (678) 839-6249. Thank you for your assistance.

1. How well and in what capacity do you know this student?

2. Comment on the student’s maturity, leadership, and adaptability.

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<tr>
<th></th>
<th>1 = Not applicable</th>
<th>2 = Needs Improvement</th>
<th>3 = Average</th>
<th>4 = Above Average</th>
<th>5 = Excellent</th>
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RECOMMENDATION:
(1 = lowest & 10 = highest)
Circle the number

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

The applicant was my student in ___________________________ ___________________________

Class course grade level

Print Name ___________________________ School ___________________________

Teacher Signature ___________________________ Address ___________________________

Date ______ Phone ______ City ______ State ______ Zip ______