

2018 Field Ecology Summer Regional Governor's School
Dabney S. Lancaster Community College
Clifton Forge, Virginia 24422

Application Form

Student Section

Note: Please read the Governor's School information packet before proceeding. **Operation of the program is contingent upon adequate funding.**

Name of Applicant: _____
Last First Middle

Name by which you are called: _____

Name of school: _____

Circle one: Male Female

Home address: _____
Street

_____ City State Zip

Phone numbers (please include area code): Home (landline): _____

Cell: _____ circle one: student mother father other

Cell: _____ circle one: student mother father other

Cell: _____ circle one: student mother father other

Emergency: _____ Relationship: _____

Email address (if checked regularly): _____ circle one: student mother father

_____ circle one: student mother father

_____ circle one: student mother father

Current grade level (circle one): 8 9 10 Birthdate: _____

Please rank your choices from 1 to 3.

___ **1st Session** (June 11 through 21) ___ **2nd Session** (June 25 through July 6) ___ **Both Sessions**

List any science-related activities in which you have participated.

Explain why participation in the Field Ecology Summer Regional Governor's School at Dabney S. Lancaster Community College is important to you. *Use only the allotted space below. Please do not exceed 100 words.*

If selected, I will abide by the Code of Conduct presented in the information packet. I understand that failure to participate in all activities or infraction of any rules and/or regulations will be just cause for my immediate dismissal from the Governor's School. Responses contained in this application are my own work.

Signature of Applicant

Date

(End of Student Section)

*Dabney S. Lancaster Community College is an
Equal Opportunity/Affirmative Action Institution*

Parent or Guardian Section (To be completed by parent or guardian)

Name of Mother/Guardian _____

Occupation: _____ Employer: _____

Home address: _____

Street

City

State

Zip

Phone numbers (please include area code): Home (landline): _____

Work: _____

Cell: _____

Name of Father/Guardian _____

Occupation: _____ Employer: _____

Home address: _____

Street

City

State

Zip

Phone numbers (please include area code): Home (landline): _____

Work: _____

Cell: _____

I, the parent/guardian of _____, permit him/her to be nominated to

Name of Participant

participate in the 2018 Field Ecology Summer Regional Governor's School at Dabney S. Lancaster Community College. I understand that if he/she is selected to participate in the Governor's School, that transportation to and from the Governor's School and money (approximately \$50-\$100) for lunches and personal expenses must be provided by the participants. Additionally, I understand that if my son/daughter attends a private school or is home schooled, I will be required to pay fees of \$100.00 per session. I understand that if selected for the Governor's School, he or she must abide by the Code of Conduct set forth for the Governor's School, including no leaves-of-absence except in cases of personal and/or family **emergencies**. **I understand that failure to participate in all activities, or infraction of the Code of Conduct, will be just cause for immediate dismissal of my son/daughter from the Governor's School.** I grant permission for a transcript of my son's or daughter's school record to be sent to the Selection Committee, if necessary. I understand that I waive my rights to review and inspect my child's application and score page for the Field Ecology Summer Regional Governor's School program.

Signature of Parent/Guardian

Date

(End of Parent/Guardian Section)

ASSUMPTION OF THE RISK FORM

I agree that as a participant in the Field Ecology Summer Regional Governor's School (the "Program") associated with Dabney S. Lancaster Community College (the "College") scheduled for June 11 to July 6, 2018, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to injuries associated with hiking and backpacking/camping, wildlife encounters, insect bites and stings, transportation by school bus, and dangers associated with canoeing on lakes and wading in rivers and streams.

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College's rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College.

I understand that this Assumption of Risk form will remain in affect during any of my program-related activities, unless a specific revocation of this document is filed in writing with Dr. Benjamin Worth, Vice-President of Academic Affairs, at which time my participation in the program will cease.

In case an emergency situation arises, please contact _____
name
at _____
phone number.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

_____ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Signature of Applicant

Date

Address: _____

If participant is under 18 years of age, the following section must be completed:

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Child's Name

Parent's or guardian's signature

Date _____ *Address:* _____

as to form by Rita R. Woltz, System Counsel for the VCCS, on February 26, 2007.

Science Teacher Recommendation (To be completed by the student's **current** science teacher and returned to the school principal. In the case of a home-schooled student, this section should be completed by someone who is familiar with the student's capabilities in science, but who is not a parent, grandparent, or sibling.)

Please complete all items. This section is vital in the selection process.

Student's Name: _____

School: _____

What courses or programs of study has this student taken under your supervision? In what year(s)?

Please estimate the extent to which you feel this student has demonstrated the qualities listed below in your classes.

(Scale: 4=Superior; 3=Good; 2=Fair; 1=Poor)

Originality of ideas	4	3	2	1
Independence of thought	4	3	2	1
Intellectual curiosity	4	3	2	1
Creativity	4	3	2	1
Capacity for analysis and synthesis	4	3	2	1
Attitude toward learning	4	3	2	1
Organizational skills	4	3	2	1
Ability to get along with peers and teachers	4	3	2	1
Initiative	4	3	2	1

Please cite a specific example(s) which explains why this student is outstanding among other outstanding students.

Please provide any other comments about this student (including strengths *and* weaknesses) that you think would be helpful in evaluating his/her application. Is this student emotionally stable and socially adaptive? How emotionally mature is this student? How well does this student relate to other students and faculty?

Signature of Science Teacher

Date

School or Organization/Agency

(End of Science Teacher Section)