|  |  |
| --- | --- |
| **Governor's Honors Program 2016-2017**  Student Application | Subject Area: |
| *For Music Only* |

*Directions:All information on this application must be completed on a computer.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School System or Private School | | | | | | | Name of School | | | | | | | | | | |
| Nominee’s Last Name | | | Nominee’s First Name | | | | | | | | | Nominee’s *Preferred* Name | | | | | |
| Home Address (Street/Route/Post Office Box) | | | | | | | | | City | | | | | State | | Zip | |
| Home Phone  (   )    - | Birth Date (MM/DD/YY) | | | | | Age | | Gender | | | Nominee Email | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Parent 1/Legal Guardian Full Name (required) | | | | | | | | | | | | | Relationship | | | | |
| Home Address (Street/Route/Post Office Box) (Write SAME if same address) | | | | | | | | | | City | | | | | State | | Zip |
| Business Phone  (   )    - | | Cell Phone  (   )    - | | | Parent 1 Email | | | | | | | | | | | | |
| Parent 2/Legal Guardian Full Name (optional) | | | | | | | | | | | | | Relationship | | | | |
| Business Phone  (   )    - | | Cell Phone  (   )    - | | Parent 2 Email | | | | | | | | | | | | | |

The interview teams will consider carefully the information given below in evaluating this nomination form. Be thorough in your answers.  *Please note that the textboxes will expand as you type.*

1. *Why do you feel that you should be selected as a district-level nominee? Include accomplishments and post-*

*secondary aspirations.*

|  |
| --- |
|  |

1. *List honors, awards and recognitions. Include accomplishments, awards, and honors earned* ***in the area of***

***nomination.***

|  |
| --- |
|  |

1. *List awards and honors won by the student in grades 9-11 in areas* ***other than the area of nomination****. Please*

*be specific*

|  |
| --- |
|  |

1. *List your extracurricular activities.*

|  |
| --- |
|  |

*Students and Parents: Read carefully before signing the following statements.*

**Student Signature Area**

***Conditions***

I understand that in addition to this application, and to remain eligible for selection in the 2014 Governor’s Honors Program, I must appear at and participate in the state level interviews as scheduled by the Governor’s Office of Student Achievement.

If selected to attend the program, I agree to participate fully in the program, both in instructional and extracurricular activities. I understand that I must concentrate in one major area of study, that I cannot change my major area, and that I will select a minor area of study that I will choose during the first week of the program. I understand that the program will be a four-week residential program and that I am expected to remain in the program for the entire period. I will arrive on the opening day and will leave no earlier than the closing day of the program.

**I understand that all information regarding the GHP selection process and finalist participation is available on the GHP Web Page, and that it is my responsibility to remain informed of updates by accessing the GHP web site.**

|  |  |
| --- | --- |
| Date (MM/DD/YY) | Nominee’s Signature (Required) |

Parent/Guardian Signature Section

My child has my permission to participate in the Governor's Honors Program. We have read and agree to the above conditions. We further agree for the school to release his/her school records in support of his/her nomination. If my child is chosen as a finalist, I give permission for the Governor’s Office of Student Achievement to release his/her name and school of attendance to the public.

|  |  |  |
| --- | --- | --- |
| Date (MM/DD/YY) | Name of Parent or Legal Guardian | Signature of Parent or Legal Guardian (Required) |

Local School GHP Coordinator and Principal Section ONLY

Local School GHP Coordinator should list the courses the candidate has taken in the area of nomination. ***Indicate each course by course title -*** *Accelerated (Acc), Advanced (Adv), or Regular (R).* ***Attach an official transcript.***

|  |  |
| --- | --- |
| Course Title | Level of Instruction |
|  |  |
|  |  |
|  |  |
|  |  |

*List date(s) PSAT/SAT was taken. A printout (or clear photocopy) of the score sticker or score report from testing service showing PSAT/SAT scores,* ***if available, should be attached as the final page of this nomination form. PSAT/SAT scores are required for nominees in mathematic*s and science.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date (MM/DD/YY) | Date (MM/DD/YY) | Date (MM/DD/YY) | Date (MM/DD/YY) |

|  |  |  |
| --- | --- | --- |
| **I support the nomination of this student for the Governor’s Honors Program and I have checked ALL application materials for accuracy and required signatures. I understand and have notified the student of required dates for interviews and program participation. I understand that all information regarding the GHP selection process and finalist participation is available on the GHP Web Page for my nominees, and that it is my responsibility to keep them informed of updates by directing them to access the web site.** | | |
| Date (M/D/YY) | School GHP Coordinator’s Name | School GHP Coordinator’s Signature (Required) |
| School GHP Coordinator’s Email | | School GHP Coordinator’s Phone Number  (   )    - |
| Date (M/D/YY) | Principal’s Name | Principal’s Signature (Required) |