

NOMINATION FORM

**THE MISSISSIPPI GOVERNOR'S SCHOOL
MISSISSIPPI UNIVERSITY FOR WOMEN
1100 College St., MUW-129, COLUMBUS, MS 39701-5800**

Cover Sheet

Student's Name _____

School _____

School District _____

County _____

2008 SESSION: JUNE 1 - JUNE 20, 2008

**Theme: *The Power of Courage: Putting ideas into action
to create a brighter future***

**NOMINATION FORMS
MUST BE POSTMARKED
ON OR BEFORE
FEBRUARY 15, 2008**



Check here if student was nominated last year.

Please check that all information requested is **STAPLED, in the order listed below**, to this cover sheet. Only **FULLY COMPLETED** nomination forms will be considered. (A nomination form is not considered complete unless it contains **ALL** the information requested, official transcripts reflecting qualifying tests scores, and all requested **SIGNATURES**.)

- Cover Sheet, including photograph
- Part A. Student Section (2 pages)
- Part B. Parent/Guardian's Permission (1 page)
- Part C. Teacher Recommendation #1 (2 pages)
- Part D. Teacher Recommendation #2 (2 pages)
- Part E. Administrator's Section (2 pages)
- High School transcript (including most recent semester)
- Immunization Record

Signature of Principal or Headmaster

Date

PART A. TO BE COMPLETED BY STUDENT

Name _____ * _____
Last First Middle Name by which you wish to be called

Address _____ Phone # (_____) _____

City/State/Zip _____ Social Security Number _____

E-mail Address _____ T-shirt Size _____
S, M, L, XL, XXL

Sex: Male Date of Birth: _____ Current Grade: 10
 Female Month Day Year 11

Name of High School _____

Address of School _____

Name of Principal/Headmaster _____

School Telephone Number _____

Please indicate your talent:
Instruments played _____
Vocal or other musical activities _____
Other _____

Student organizations, memberships and offices or positions held:

Honors received:

Extra-curricular activities/community involvement:

Write a short essay on the following: *This is the 28th year of the Mississippi Governor's School, and we are focusing on the power of courage and the potential impact an individual or group has on creating positive change for the future. Describe an act of courage that you believe has impacted a life/community/organization/movement/etc... to create positive change in our world. How did the person(s) develop and/or demonstrate courage? What lessons can be learned from this example? What implications might these lessons have for our state and our nation?*

The essay will be evaluated for the level of analytical thinking, clarity of thought and expression, insight, organization of material, and originality. Please attach your typed essay. It should be double spaced. There is no required length, however a minimum of 2-3 pages is suggested.

PART B. TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT

I permit _____ to be nominated to participate in The Mississippi Governor’s School, a summer honors program for gifted high school students. I understand that if he/she is selected to participate, that tuition, room and board will be provided and that he/she will reside in a dormitory at Mississippi University for Women as assigned by the school. I further understand that transportation to and from the school and money for personal expenses will be the responsibility of the student and failure to abide by the rules and regulations will be just cause for immediate dismissal.

Signed _____
Parent/Guardian

Printed Name _____
Parent/Guardian

Phone Number _____

Date _____

Information Release

Upon its completion, give this form to your High School Guidance Counselor.

Applicant Information

Name: _____
Last First MI

Address: _____
City County State Zip

Home Phone: _____

School: _____ District: _____

This form is necessary in order for your school records (transcripts of grades, standardized test scores, etc.) to be released to MGS. You and your parents both must sign this form.

Counselor: Make a copy of this page for your files, and send the original to MGS by February 15, 2008.

**Mississippi Governor's School
Mississippi University for Women
1100 College St., MUW-129
Columbus, MS 39701-5800**

I, the undersigned, hereby request that all school data in support of my application to the Mississippi Governor's School be at the disposal of MGS officials.

Applicant Signature: _____ Date: _____

As parent/guardian of the named student, I grant permission releasing all school data in support of my son's/daughter's application to the Mississippi Governor's School.

Parent/Guardian Signature: _____ Date: _____

Address (if different from applicant's address) _____

Waiver

In order that recommendations to be kept confidential, you and your parents must sign this waiver.

The purpose of the recommendations to be placed in this applicant's file is to assist in making admission decisions. Pursuant to the Family Education Rights and Privacy Act 1974, the undersigned student and parent waive access to confidential recommendations.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agreement

The information given within this application is true and accurate. If the applicant is accepted for admission by MGS, we agree to adhere to the rules and regulations now in existence and those that may be established in the future. We agree to permit information in this application and other necessary records from the application to be used for approved MGS research purposes.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PART C. TEACHER RECOMMENDATION #1

Note: At least two teacher recommendations must be submitted in support of each student’s nomination to The Mississippi Governor’s School. The teachers may be chosen by the student but should be those who have taught the student within the past 12 months.

THIS SECTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN

Under the provisions of the Family Educational Rights and Privacy Act of 1974, the parents of students under 18 may decide whether letters of reference written at the request of the student are to be held confidential **OR** whether they are available for their personal inspection. If the student is 18 years of age or over, it is the decision of the student.

Check one of the following statements. Make sure **both signatures** are placed in the spaces provided so that the writer of the reference will be advised of your choice.

- Confidential File.** I grant permission for this letter of recommendation to be held confidential by The Mississippi Governor’s School.
- Open File.** I retain the choice of having this letter of recommendation available to me.

Signature of Parent/Guardian

Signature of Student

TO BE COMPLETED BY THE TEACHER

Teacher’s Name _____

Subject(s) Taught Student _____

In what way(s) has the student indicated his/her superior mental and/or creative talent in class?

What are his/her particular strengths and weaknesses as a student and as a person?

(CONTINUED ON BACK)

PART D. TEACHER RECOMMENDATION #2

Note: At least two teacher recommendations must be submitted in support of each student’s nomination to The Mississippi Governor’s School. The teachers may be chosen by the student but should be those who have taught the student within the past 12 months.

THIS SECTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN

Under the provisions of the Family Educational Rights and Privacy Act of 1974, the parents of students under 18 may decide whether letters of reference written at the request of the student are to be held confidential **OR** whether they are available for their personal inspection. If the student is 18 years of age or over, it is the decision of the student.

Check one of the following statements. Make sure **both signatures** are placed in the spaces provided so that the writer of the reference will be advised of your choice.

- Confidential File.** I grant permission for this letter of recommendation to be held confidential by The Mississippi Governor’s School.
- Open File.** I retain the choice of having this letter of recommendation available to me.

Signature of Parent/Guardian

Signature of Student

TO BE COMPLETED BY THE TEACHER

Teacher’s Name _____

Subject(s) Taught Student _____

In what way(s) has the student indicated his/her superior mental and/or creative talent in class?

What are his/her particular strengths and weaknesses as a student and as a person?

(CONTINUED ON BACK)

PART E. TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR

Demographic Qualifications

- Student resides in Mississippi, is enrolled in either the tenth or eleventh grade of a Mississippi secondary school, and has not attended a previous session of The Mississippi Governor’s School.
- Student has the ability, maturity, desire and willingness to cope successfully with advanced academic concepts, materials, and activities.
- Student has a positive attitude toward the exploration of new and/or different concepts and areas of study as well as the ability to analyze and synthesize interrelationships between broad areas of the humanities, arts, and sciences.
- Student can adjust to being away from home for an extended period of time and is committed to participate in the **full** three week program (including weekend activities).

Performance Qualifications

Student has achieved **one** of the following:

- A gifted eligibility ruling based on the state of Mississippi regulations for gifted education.
- OR**
- A score on the SAT, ACT, PSAT, or PLAN that represents the top 10% of students at the school.

Nominated students should also exhibit at least **two** of the following: Specific Academic Aptitude; Skill in the Fine and /or Performing Arts; Creative or Productive Thinking Ability; or Leadership Ability.

Recommendation

Having determined that _____ is qualified according to the criteria stated above, I recommend him/her as a superior student deserving of consideration for selection to The Mississippi Governor’s School. The following information is provided concerning the measured ability of this student.

Test Scores: Please attach a copy of the official score report when applicable. Only one qualifying score required.

Test	Date Taken	Composite Score/Selection Index
IQ Test _____	_____	_____
ACT	_____	_____
PLAN	_____	_____
PSAT	_____	_____
SAT	_____	_____

To what degree does the student exhibit exceptional ability in the following areas? (1=low to 5=high)

Student Academic Aptitude	1	2	3	4	5
Fine and/or Performing Arts	1	2	3	4	5
Creative or Productive Thinking Ability	1	2	3	4	5
Leadership Ability	1	2	3	4	5

Additional comments on this student _____

Signature **Position** **Date**

Please attach a copy of the student’s immunization record and high school transcript **INCLUDING MOST RECENT SEMESTER and standardized test scores.*

Please note: Only fully completed nomination forms will be considered. A nomination form will not be considered complete unless it includes all the information requested, documents all criteria cited above, and contains all the requested signatures.