



Directions: Complete the application by filling in the information below. You may start the application, save and return to complete it. All emails are required to be completed in order to save the application. All information is required to be entered to submit the application. If there is information which is not applicable, please enter "not applicable".

NOTE: Students will submit their part then parents will receive the application via email for their signature.

## APPLICANT - STUDENT INFORMATION

Last Name: Turkey      First Name: Tom      Middle Name: A

High School: Buffalo Gap HS      Preferred First Name: Tom      Birth Date: 11/01/2005

School Division: Augusta County      Current Grade: 10      Gender: Female

Student Email Address: whitesell@svgs.k12.va.us

*An email is required to save the application and return to complete at a later date.*

Permanent Home Address: 123

City: rfd      State: VA      Zip: 12345

**If different from above**      *Please give your current mailing address for all correspondence.*

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

## CONTACT - PARENT INFORMATION

Mtr. Title: Mrs.      Mother's First Name: Tina      Mother's Last Name: Turkey

Home Phone (mtr): 5401234567      Cell Phone (mtr): \_\_\_\_\_

Ftr. Title: Mr.      Father's First Name: Tom      Father's Last Name: Turkey

Home Phone (ftr): \_\_\_\_\_      Cell Phone (ftr): \_\_\_\_\_

Name of Parent(s) Student Resides With: Tina and Tm

Parent Email Address: whitesell@svgs.k12.va.us

Alternate Parent Email Address: \_\_\_\_\_

## SIGNATURE - STUDENT

**Required Signature**

I am applying for admission to SVGS for the 2018-19 school year. I waive the right to view recommendations provided by teachers and counselors as part of the application.

I agree to participate in the mandatory SUMMER ORIENTATION program for during the week prior to the first day of school (tentatively scheduled August 6-7, 2018).

I agree to participate in all class activities required by instructors such as science fair presentations, field trips, completing a research/engineering project, open house and other SVGS activities related to curriculum.

Signature: Tom      Date: 11/16/2017



**NOTE: To avoid the application possibly closing because of time, it is recommended, you prepare your responses for the activities section in another document and paste them into the application instead of composing your response within the application!**

## SIGNIFICANT ACTIVITIES

Highlight the TWO most important and/or beneficial SCHOOL EXTRA or CO-CURRICULAR activities in which you have participated since entering high school below.

### EXAMPLE

Name of Activity **SCIENCE CLUB**  
Role **Member, Vice President**

Years of Participation  
(Check each year  
you participated.)

- Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life?

*I have always loved science but sometimes had a hard time understanding how science could help people with their problems. Being in this club has enabled me to apply what I've learned in biology to an environmental clean-up project and tutor younger students at the elementary school in the afternoons. I've discovered I love both science and teaching! It has also helped me make new friends who share my academic interests.*

### Extra or Co-Curricular Activity 1

Name of Activity   
Role

Years of Participation  
(Check each year  
you participated.)

- Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)

### Extra or Co-Curricular Activity 2

Name of Activity   
Role

Years of Participation  
(Check each year  
you participated.)

- Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)

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SIGNIFICANT ACTIVITIES

Highlight the TWO most important and/or beneficial ARTS or ATHLETIC activities in which you have participated since entering high school below.

Arts or Athletics Activity 1

Name of Activity

Role

Years of Participation  
(Check each year  
you participated.)

Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)

Arts or Athletics Activity 2

Name of Activity

Role

Years of Participation  
(Check each year  
you participated.)

Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)

Highlight any TWO other important and/or beneficial activities, work with community agencies, church organizations, summer programs or work experiences in which you have participated since entering high school below.

Other Activity 1

Name of Activity

Role

Years of Participation  
(Check each year  
you participated.)

Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)

Other Activity 2

Name of Activity

Role

Years of Participation  
(Check each year  
you participated.)

Grade 9  
 Grade 10  
 Grade 11

Why is this activity significant in your life? (in 100 words or less)



**TEACHER and COUNSELOR RECOMMENDATIONS**

**PLEASE LIST THE NAME AND EMAIL of your MATH, and SCIENCE teacher and COUNSELOR who will be completing your recommendations in the spaces provided below.**

**Your teachers and counselor will receive an automated email notice and on-line recommendation form to complete. Please be careful to include correct email addresses.**

**REMEMBER: It is the courteous and responsible protocol to ask your teachers and counselor for their recommendation PRIOR to listing them on this form.**

	EMAIL	FIRST NAME	LAST NAME
MATH TEACHER	whitesell@svgs.k12.va.us	Tom	Trig
SCIENCE TEACHER	whitesell@svgs.k12.va.us	Joe	Chem
COUNSELOR	whitesell@svgs.k12.va.us	Holly	Merry
PRINCIPAL	whitesell@svgs.k12.va.us	Bob	Eisnehower

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**SUBMITTING YOUR APPLICATION**

*To RETURN to complete or edit this application, click the box below to indicate you will return to complete the application and press SAVE. You will be sent an email notification with a link to re-open a saved application.*

*To SUBMIT your completed application, click the box below verifying your application is complete and press the submit button. Once the application has been submitted, it can not be edited. Your application will not be forwarded for recommendations until you have submitted it.*

*To PRINT a copy or SAVE a pdf version of your application, click on print. You are encouraged to keep an electronic or hard copy of your application! (You may need to set your browser to allow pop-ups to print or save.)*

*YOU MUST CLICK THE BOX BELOW TO PROCESS YOUR APPLICATION WHEN SUBMITTED!*

Application is still in progress.

Save

Application is complete and ready for submission

Submit



MATH TEACHER RECOMMENDATION

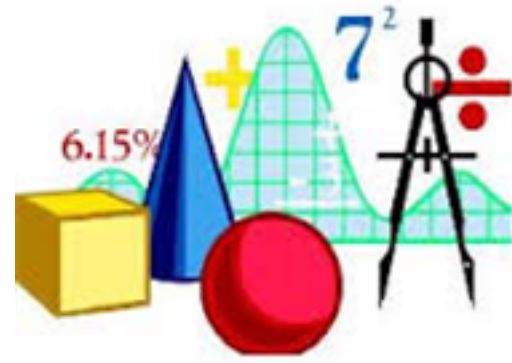
Student Last Name

Student First Name

High School

Current Grade

TEACHER NAME



- Subject(s) you taught student
- Algebra I, Pt. I, or Pt. II
  - Geometry
  - Alg.II/Trig.
  - Pre-Calculus

- Grade(s) you taught student in subject(s):
- Grade 9
  - Grade 10
  - Grade 11

Directions

Directions: Mark one rating in every category. Compare the applicant to other students taught THIS year or semester. Please refer to the rating scale below:

0 = Below Average(bottom 50%)    2 = Average(top 50%)    4 = Very Good(top 25%)    6 = Outstanding (top 10%)

- 1. ACADEMIC ABILITY ( high aptitude and potential for success in advanced mathematics, easily learns new material)
- 2. ACADEMIC INTEREST ( intense interest in learning, very curious, eager to learn new concepts)
- 3. MOTIVATION and PERSISTANCE - Shows initiative, welcomes instruction, self-confident, motivated by challenge
- 4. QUALITY of WORK - Complete, thorough, strives for excellence
- 5. LOGICAL and ANALYTICAL SKILLS - Applies knowledge, reasons through problems, makes intuitive leaps, finds unique patterns or perspectives
- 6. CLASS PREPARATION - Consistently does assigned readings and homework, is prepared to contribute
- 7. WORK HABITS and TIME MANAGEMENT - Disciplined, turns in work on time, meets obligations
- 8. CLASS PARTICIPATION- Contributes positively to discussions and activities, shares ideas
- 9. COMMUNICATION with PEERS- Demonstrates sensitivity, respects others and opposing ideas, may demonstrate leadership in groups
- 10. DEPENDABILITY- Consistent, supports others
- TOTAL Mathematics Recommendation (out of 60)

SIGNATURE - MATH TEACHER

Signature

Date

Submit



SCIENCE TEACHER RECOMMENDATION

Student Last Name

Student First Name

High School

Current Grade

TEACHER NAME

Subject(s) you taught student  Earth Science  Other Science

Biology

Chemistry

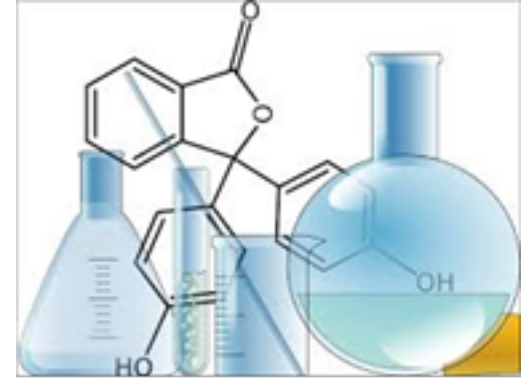
Physics

Grade(s) you taught student in subject(s):

Grade 9

Grade 10

Grade 11



Directions

Directions: Mark one rating in every category. Compare the applicant to other students taught THIS year or semester.

Please refer to the rating scale below:

0 = Below Average(bottom 50%)    2 = Average(top 50%)    4 = Very Good(top 25%)    6 = Outstanding (top 10%)

- 1. ACADEMIC ABILITY ( high aptitude and potential for success in advanced science, easily learns new material)
- 2. ACADEMIC INTEREST ( intense interest in learning, very curious, eager to learn new concepts)
- 3. MOTIVATION and PERSISTANCE - Shows initiative, welcomes instruction, self-confident, motivated by challenge
- 4. QUALITY of WORK - Complete, thorough, strives for excellence
- 5. LOGICAL and ANALYTICAL SKILLS - Applies knowledge, reasons through problems, makes intuitive leaps, finds unique patterns or perspectives
- 6. CLASS PREPARATION - Consistently does assigned readings and homework, is prepared to contribute
- 7. WORK HABITS and TIME MANAGEMENT - Disciplined, turns in work on time, meets obligations
- 8. CLASS PARTICIPATION- Contributes positively to discussions and activities, shares ideas
- 9. COMMUNICATION with PEERS- Demonstrates sensitivity, respects others and opposing ideas, may demonstrate leadership in groups
- 10. DEPENDABILITY- Consistent, supports others
- TOTAL Science Recommendation (out of 60)**

SIGNATURE - SCIENCE TEACHER

Signature

Date

Submit



## COUNSELOR RECOMMENDATION and STUDENT DATA

Student Last Name  Student First Name

High School  Current Grade

COUNSELOR NAME



## COUNSELOR RECOMMENDATION

Directions: Mark one rating in every category. Compare the applicant to other students taught THIS year or semester.

Please refer to the rating scale below:

1 = Below Average(bottom 50%)    2 = Average(top 50%)    3 = Very Good(top 25%)    4 = Outstanding (top 10%)

- 1. ACADEMIC ABILITY - High aptitude and potential for success
- 2. ACADEMIC INTEREST - Intense interest in learning, very curious, eager to learn new concepts
- 3. \*MOTIVATION and PERSISTANCE - Shows initiative, welcomes instruction, self-confident, motivated by challenge  
\*(weighted twice)
- 4. \*WORK HABITS and TIME MANAGEMENT - Disciplined, turns in work on time, meets obligations  
\*(weighted twice)
- 5. SELF ESTEEM - Positive self-image, self-confidence
- 6. \*DEPENDABILITY- Consistent, supports others  
\*(weighted twice)
- 7. COMMUNICATION with PEERS- Demonstrates sensitivity, respects others and opposing ideas, may demonstrate leadership in groups

0 **TOTAL Counselor Recommendation (out of 40)**

## STUDENT DATA

Enter the SCORE in the left column and PERCENTILE in the right column. If you are recording test scores for SAT's or ACT's, please note the test below and enter the scores above. Only the percentiles are used in calculation. The scores are important to verify dual enrollment placement.

	Score (200-800)	Percentile (0-100)
<b>PSAT SCORES</b>		
Reading/Writing	<input type="text"/>	<input type="text"/>
Math	<input type="text"/>	<input type="text"/>
Alt. Test Name(if applicable)	<input type="text"/>	

Enter the student's GPA(weighted) and science assessment score. Choose the appropriate selection for the student's strength of academic program.

GPA (weighted 0 - 5) =

SVGS Science Assessment Score (out of 50) =



**APPLICANT SUMMARY**

Student Last Name  Student First Name

High School  Current Grade

**COUNSELOR NAME**



Math Teacher Recommendation(out of 60)

Science Teacher Recommendation(out of 60)

Counselor Recommendation(out of 40)

School Recommendation(out of 60)

**SUBTOTAL of Recommendations (out of 220)**

PSAT Rdg/Wrtg %tile  x 1.8 =

PSAT Math %tile  x 2 =

SVGS Science Skills Score (out of 50)

**SUBTOTAL of Assessments (out of 430)**

GPA  .0000 x 40 =

Strength of Academic Program (out of 50)

**SUBTOTAL of Academics (out of 250)**

**TOTAL (out of 900 + activities scores)**

To be added by school division Experience/Training/Activities Points (out of 50)

**COUNSELOR REVIEW**

*I have reviewed and verified the information submitted on this application is accurate and true.*

Counselor Signature

Date

**PRINCIPAL'S REVIEW**

*I have reviewed the application for the above named student and concur with the findings and recommendations. I certify that this student is in good standing with regard to discipline and attendance.*

Principal Signature

Date

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*Application is still in progress.*

**Save**

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**Submit**