



Directions: Complete the application by filling in the information below. Information in purple boxes is required. If information isn't applicable, please enter "none" or "NA". A correct student email is required in order to save the application.

Once the student submits their application part, the parent will receive a link for their approval and signature.

**APPLICANT - STUDENT INFORMATION**

Last Name:  First Name:  Middle Name:

High School:  Preferred First Name:  Birth Date:

School Division:  Current Grade:

Student Email Address:   
An email is required to save the application and return to complete at a later date.

Permanent Home Address:

City:  State: VIRGINIA Zip:

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

Current Mailing Address:

City:  State: VIRGINIA Zip:

**CONTACT - PARENT INFORMATION**

Mother/Guardian 1 First Name:  Mother/Guardian 1 Last Name:

Father/Guardian 2 First Name:  Father/Guardian 2 Last Name:

Name of Parent(s)/Guardian(s) Student Resides With:

Parent/Guardian Email Address:

Alternate Parent/Guardian Email:

**SIGNATURE - STUDENT**

I am applying for admission to SVGS for the 2020-21 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 (TBA).

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:  Date:

Next Page

**AUGUSTA COUNTY SCHOOLS DISCLOSURE**

The Augusta County School Board does not discriminate on the basis of race, color, national origin, religion, age, disability, or gender in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding non-discrimination policies:

Section 504 Coordinator Douglas W. Shifflett, Jr., Ed.D. Deputy Superintendent PO Box 960 18 Government Center Lane Verona, VA 24482 (540) 245-5108	Title IX Coordinator Miranda Bill Executive Director of Personnel PO Box 960 18 Government Center Lane Verona, VA 24482 (540) 245-5107-5108
---	---



**SHENANDOAH VALLEY  
GOVERNOR'S SCHOOL**

**STATEMENT of INTEREST**

**Explain your your interest in attending SVGS and how SVGS will assist in preparing you for your future career and life plans.  
( in 250 words or less)**

2wrq23et

A large, empty rectangular text box with a light blue gradient background and a thin black border, intended for the student to write their statement of interest.

[Previous Page](#)

[Next Page](#)

### OPPORTUNITIES & EXPERIENCES

Describe the 4 most important opportunities that have shaped you as a student and person and explain why each was important to your development. These experiences may be co- or extra-curricular activities, arts-related, athletics, community or church activities, summer programs, work or other life experiences. These activities should represent your experiences from 9th grade and up.

Name of Opportunity/Experience #1

Why was this activity important to your development as a student and/or person? (in 100 words or le

123f

Why was this activity important to your development as a student and/or person? (in 100 words or le

123

Name of Opportunity/Experience #3

Why was this activity important to your development as a student and/or person? (in 100 words or le

1234

Name of Opportunity/Experience #4

Why was this activity important to your development as a student and/or person? (in 100 words or le

1234

[Previous Page](#)

[Next Page](#)

**TEACHER and COUNSELOR RECOMMENDATIONS**

PLEASE LIST THE NAME AND EMAIL of your MATH, and SCIENCE teacher and select your SCHOOL 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. THE CORRECT EMAIL ADDRESSES MUST BE LISTED!

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	<input type="text" value="whitesell@svgs.k12.va.us"/>	<input type="text"/>	<input type="text"/>
SCIENCE TEACHER	<input type="text" value="whitesell@svgs.k12.va.us"/>	<input type="text"/>	<input type="text"/>
COUNSELOR	<input type="text" value="whitesell@svgs.k12.va.us"/>	<input type="text"/>	
PRINCIPAL	<input type="text" value="whitesell@svgs.k12.va.us"/>	<input type="text" value="Matt Stevens"/>	

[Previous Page](#)

[Next Page](#)

**SUBMITTING YOUR APPLICATION**

To RETURN to complete or edit this application, CLICK THE CHECKBOX to the right to indicate you will return to complete the application and click the SAVE button. You will be sent an email notification with a link to re-open a saved application.

*Application is still in progress.*

To SUBMIT your completed application, CLICK THE CHECKBOX to the right to indicate your application is ready to submit and click 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.

*Application is complete and ready for submission*

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.)

NOTE: You may apply to both the Arts & Humanities program and Sciences program. You would need to complete a separate application for each.

BE AWARE, if you are accepted to both, you will be offered admissions to the program in which you ranked the highest at the discretion of the school division.