

# Florida Governor's School for Space Science and Technology

## 2013 Summer Academy Application Packet

### Instructions

This form is an editable PDF document. Adobe Reader Version 7 or higher is required to save the edits. Please submit completed applications by no later than April 10, 2013 at 5:00 pm. Please be advised that it is recommended to start the application process well in advance of this date. This is due to the fact that school documentation must be included as outlined in Part V. AND a teacher must submit a recommendation form as outlined in Part VI. You may direct questions to us at: flgovschool@gmail.com or 1-800-381-7154. The application form, including recommendation and documentation, must be emailed to: flgovschool@gmail.com or mailed to

Florida Governor's School for Space Science and Technology  
2013 Summer Academy  
3435 South Hopkins Ave. Unit #5  
Titusville, FL 32780

### Part I. Applicant

Name \_\_\_\_\_  Male  Female

Citizenship: Please check to confirm that you are a US citizen.  I am a US Citizen.

Grade Level: Please check to confirm that you are a rising twelfth grader.  I am a rising twelfth grader, class of 2014.

*Race (optional)*

Caucasian  African-American  Native American/Native Alaskan  Asian/Pacific Islander  Multiracial  Other

*Ethnicity (optional)*

Hispanic  Not Hispanic

Are you currently participating, or have you participated in the past, in a Gifted education program?  Yes  No

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Current School \_\_\_\_\_ County \_\_\_\_\_

### Part II. Parent or Guardian Contact Information

(Circle One: Mr. Ms. Dr.) Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

(Circle One: Mr. Ms. Dr.) Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

***For more information about the Florida Governor's School, go to [govschool.fit.edu](http://govschool.fit.edu).***

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### **Part III. Short Essay – Choose One**

Short essay answer should be limited to **200 words or fewer** and must be completed by the applicant; provide responses on separate paper if using the paper application. Please choose **one** of the following topics.

1. Briefly discuss your interest in space science and/or technology. What motivates you to want to attend this summer academy?  
or
2. Briefly describe a challenge or event in your life that changed the way you think. Explain what you learned about yourself from this experience.

### **Part IV. What I Gained From the Virtual Speaker Series – Short Essay**

Short essay answer should be limited to 200 words or fewer and must be completed by the applicant; provide responses on separate paper if using the paper application. Please note that the text box will expand to accommodate additional text.

Please explain what you gained by participating or viewing one or more of the sessions within the Virtual Speaker Series. (If you have not participated/viewed a session, please visit [govschool.fit.edu](http://govschool.fit.edu) to register and have immediate access to all live and recorded sessions.)

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**Part V. Test Information (at least one is required)**

**Complete SAT, ACT and/or IQ information and submit a copy of score reports.**

|                               |                                  |                           |                         |
|-------------------------------|----------------------------------|---------------------------|-------------------------|
| SAT date taken<br>_____       | SAT Critical Reading Score _____ | SAT Math Score _____      | SAT Writing Score _____ |
| ACT date taken<br>_____       | ACT English Score _____          | ACT Math Score _____      | ACT Reading Score _____ |
|                               | ACT Science Score _____          | ACT Composite Score _____ |                         |
| Date IQ administered<br>_____ | IQ composite Score _____         |                           |                         |

**Part VI. Teacher Recommendation**

Give the recommendation form directly to a previous or current math or science teacher.

Teacher’s name \_\_\_\_\_

**Part VII. Certification**

- I certify that all application answers and essay responses are accurate.
- I certify that all my child’s responses on the student application are his/her own work and generated solely for the purpose of applying to participate in the Florida Governor’s School for Space Science and Technology 2013 Summer Academy.
- I understand that each selected applicant will agree to participate in any research and/or evaluation conducted for the purpose of gaining a better understanding of the 2013 Summer Academy’s success.

\_\_\_\_\_  
Custodial Parent’s or Guardian’s Signature Date

\_\_\_\_\_  
Student Signature Date