



# Application for STEM

## APPLICANT - STUDENT INFORMATION

Last Name	Berry	First Name	Hollisa	Middle Name	R
High School	Buffalo Gap HS	Preferred First Name	Holly	Birth Date	12/05/2005
School Division	Augusta County	Current Grad	10	Gender	Female
Student Email Address	berryh@gmail.com				

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

Permanent Home Address	234 Red Ivy Lane				
City	Staunton	State	VA	Zip	24401
If different from above Please give your current mailing address for all correspondence.					
Current Mailing Address	P.O. Box 123				
City	Staunton	State	VA	Zip	24401

## CONTACT - PARENT INFORMATION

Mother's Last Name	Mary	Mother's First Name	Berry
Home Phone (mtr)	540-337-1234	Cell Phone (mtr)	540-280-1234
Father's Last Name	Gary	Father's First Name	Berry
Home Phone (ftr)	540-337-1234	Cell Phone (ftr)	540-280-9876
Name of Parent(s) Student Resides With	Mary Berry		
Parent Email Address	maryberry@gmail.com		

## SIGNATURE - STUDENT

Required Signature

☒ I am applying for admission to SVGS for the 2015-16 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 10-13, 2015).

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

Signature	Holly Berry	Date	12/19/2014
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## SIGNATURE - PARENT

Required Signature

☐ I grant my son/daughter permission to apply for admission to SVGS for the 2015-16 school year. I waive the right to view recommendations provided by teachers and counselors as part of the application. I agree to arrange or provide transportation for transportation to SVGS for my child.

☐ I agree to have my child participate in the mandatory SUMMER ORIENTATION program for during the week prior to the first day of school (tentatively scheduled August 10-13, 2015).

☐ I agree to have my child participate in all class activities required by 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	
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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	Years of Participation	<input checked="" type="checkbox"/> Grade 9
Role	Member, Vice President	(Check each year you participated.)	<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> 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 wiht 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	Club 1	Years of Participation	<input type="checkbox"/> Grade 9
Role	member	(Check each year you participated.)	<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

(REFER TO EXMAPLE ABOVE)

Extra or Co-Curricular Activity 2

Name of Activity	Club 2	Years of Participation	<input checked="" type="checkbox"/> Grade 9
Role	officer	(Check each year you participated.)	<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

(REFER TO EXAMPLE ABOVE)



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	<input type="text" value="SPORT 1"/>	Years of Participation (Check each year you participated.)	<input type="checkbox"/> Grade 9
Role	<input type="text" value="player"/>		<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

REFER TO EXAMPLE ON PREVIOUS PAGE

Arts or Athletics Activity 2

Name of Activity	<input type="text" value="ART 2"/>	Years of Participation (Check each year you participated.)	<input checked="" type="checkbox"/> Grade 9
Role	<input type="text"/>		<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

REFER TO EXAMPLE ON PREVIOUS PAGE

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

Other Activity 1

Name of Activity	<input type="text" value="COMMUNITY 1"/>	Years of Participation (Check each year you participated.)	<input checked="" type="checkbox"/> Grade 9
Role	<input type="text"/>		<input checked="" type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

REFER TO EXAMPLE ON PREVIOUS PAGE

Other Activity 2

Name of Activity	<input type="text" value="SUMMER 2"/>	Years of Participation (Check each year you participated.)	<input checked="" type="checkbox"/> Grade 9
Role	<input type="text"/>		<input type="checkbox"/> Grade 10
			<input type="checkbox"/> Grade 11

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

REFER TO EXAMPLE ON PREVIOUS PAGE



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	<input type="text" value="trig@school.k12.va.us"/>	<input type="text" value="Sue"/>	<input type="text" value="Trig"/>
SCIENCE TEACHER	<input type="text" value="rocks@school.k12.va.us"/>	<input type="text" value="Joe"/>	<input type="text" value="Rocks"/>
COUNSELOR	<input type="text" value="wise@school.k12.va.us"/>	<input type="text" value="Ima"/>	<input type="text" value="Wise"/>
PRINCIPAL	<input type="text" value="header@school.k12.va.us"/>	<input type="text" value="Bob"/>	<input type="text" value="Header"/>

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*To return to complete or edit this application, press SAVE. You will be sent an email notification with a link to re-open a saved application.*

*Once the application has been submitted, it can not be edited.*

Print

Save

Submit