



# GEORGETOWN

C O L L E G E

## Pre-College Academic Experience in Math and Science Application

### Student Portion of the Application

(This section is to be completed by the student. Please print or type.)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
(As of June 21, 2009) (During 2008-09 school year)

Name of High School: \_\_\_\_\_

Complete Address of High School: \_\_\_\_\_  
Street City State Zip

Please answer the following questions on a separate sheet and attach to the application.

1. Write a brief narrative about yourself. Include your interests, hobbies, goals for the future, etc.
2. List the activities (school, church, and community) in which you participate.
3. In a short paragraph, indicate why you would like to attend the PAEMS Program. What do you hope to gain?
4. List awards and honors you have received.
5. Please provide any additional information about yourself that you would like the selection committee to know.

## Parent Portion of the Application

(This section is to be completed by a parent/guardian.)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

1. **Please sign the release clause on the section of this form titled "Student Academic Record."** This will allow your son/daughter's test scores, transcripts and class ranking to be released.
2. Please describe any characteristic of your son or daughter that you consider important for the selection committee to consider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Grant Application

(This section is to be completed by a parent/guardian or school official.)

Do you wish to apply for a grant for your student? YES \_\_\_\_\_ NO \_\_\_\_\_

Some need-based grants are available in order to keep the PAEMS program accessible to all highly motivated students. Awards are based on the amount of money in the grant pool and the needs of our individual students. If you wish to have your student considered for a grant, on a separate piece of paper please describe the reasons you are applying for one, so that we might make the most informed and accurate decisions possible regarding the distribution of our grant funds.

Please give your response on a separate sheet and attach to the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the Student and Parent Portions of the Application by April 13, 2009 to:**

**PAEMS  
Dr. William Harris  
Georgetown College  
400 East College Street  
Georgetown, KY 40324-1696**

## Student Academic Record

(This section is to be completed by a school official after a parent or guardian signs the release clause.)

By my signature below, I agree to the release of my son/daughter's transcript as requested by these forms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Signature**

\* \* \* \* \*

Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street City State Zip

\* \* \* \* \*

The student named is applying to the 2009 Pre-College Academic Experience in Math and Science (PAEMS) at Georgetown College. Please attach a current transcript, along with the School Counselor or Principal Recommendation, to this form and send to:

PAEMS  
Dr. William Harris  
Georgetown College  
400 East College Street  
Georgetown, KY 40324-1696

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## School Counselor or Principal Recommendation

(This section is to be completed by a school official after a parent signs waiver portion.)

By my signature below, I agree to the release of my son/daughter's transcript as requested by these forms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Signature**

Please include here your recommendation on behalf of the student named above for the 2009 Pre-College Academic Experience in Math and Science (PAEMS), a twelve-day residential program at Georgetown College. You may phone (502-863-7921) or email (paems@georgetowncollege.edu) with any questions.

Please attach a current transcript along with this form and send to:

PAEMS  
Dr. William Harris  
Georgetown College  
400 East College Street  
Georgetown, KY 40324-1696

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Teacher Recommendation

(This section is to be completed by a teacher after the student signs waiver portion.)

Student Name: \_\_\_\_\_.

Student Waiver (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Signature here waives his/her right to review all recommendations.**

Teacher Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_

**To the person completing this recommendation:**

The student named above is applying for admission to Georgetown College's **Pre-college Academic Experience in Math and Science (PAEMS)**. Our students will live and work together on the Georgetown College Campus for nearly two weeks, so it is very important that they be both academically motivated and socially prepared for this exposure to college life. Your candid and thoughtful appraisal of the applicant's academic and social readiness will be appreciated. **Feel free to write on the back or attach additional comments.** Mail this recommendation to: Dr. William Harris, Georgetown College, 400 E. College Street, Georgetown, KY 40324-1696. The student should supply an envelope for your use. **All application materials are due by April 13, 2009.** If you have any questions, please call (502-863-7921) or email (paems@georgetowncollege.edu). We sincerely thank you for your time.

1. How long have you known the student? \_\_\_\_\_
2. What subjects have you taught this student? \_\_\_\_\_
3. What words describe the student's academic ability, including specific strengths and weaknesses? \_\_\_\_\_

4. Please comment on student's ability to interact in a social setting.

5. In comparison to other students of equal age, describe the applicant's work in your classes. If possible, cite specific projects, interests, or abilities.

6. In comparison to other students of equal age, what is your appraisal of the student's overall potential to benefit from and participate in a two-week residential summer enrichment program on a college campus? Please include comments on academic potential, maturity, ability to work with peers and show respect for others, etc.

7. For each of the following questions, rate the student on a scale of 1-5. Choose "1" when the statement is very poor description of the student. Choose "5" for statements that are outstanding descriptions. Mark "N" for those items you are not able to judge.

	<b>Scale:</b>	<b>N</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A. Has a strong grasp of underlying principles and can make valid generalizations.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
B. Reasons things out well.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
C. Is very inquisitive; tries to discover the how and why of things.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
D. Is self-motivated.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
E. Sees work through to completion.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
F. Can work well with peers; is cooperative and respectful of others.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
G. Is congenial; rarely complains.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

8. Overall recommendation:

\_\_\_\_\_ I believe this applicant is an outstanding choice for the PAEMS program.

\_\_\_\_\_ I believe this applicant is a good choice for the PAEMS program.

\_\_\_\_\_ I recommend this applicant with some reservation.

\_\_\_\_\_ I believe that this applicant is not ready for the PAEMS program at this time.