



# Nomination for the Summer 2010 Institutes & Programs

This form represents a **nomination** of a student for the summer programs. **Acceptance is not guaranteed**, and additional information may be required for some Institutes and Programs.

*Deadline for Submission - April 16, 2010 • Questions: Call the City Manager's Office 938-5220*

**Please Print Answers**

Full Legal Name										
First Name	Middle Name	Last Name (also include Jr. or III)								
What name do you use with your teachers? <i>What name do you want on certificates and for publicity?</i>										
First		Last								
Mailing Address:			City/Zip:							
Your Home Phone (if this is a text capable phone check here <input type="checkbox"/> )										
( <input type="text"/> <input type="text"/> <input type="text"/> ) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: <table style="display: inline-table; border: 1px solid black;"> <tr><th style="padding: 2px;">Month</th></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><th style="padding: 2px;">Day</th></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr><th style="padding: 2px;">Year</th></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	Month		Day		Year			
Month										
Day										
Year										
Your Cell Phone: <input type="checkbox"/> Texting Capable? (SMS)										
( <input type="text"/> <input type="text"/> <input type="text"/> ) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<b>My Sizes-Tell us your size for an adult sized shirt:</b> Polo Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL									
Student's Email, Facebook or Twitter:			Parent's Email:							
Current School Attending	Grade	School you expect to attend next year	Do you need Transportation <input type="checkbox"/> Y <input type="checkbox"/> N	Expected Year of High School Graduation: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

***I hereby make application to:***

<b>For Rising Freshmen</b> <i>(8<sup>th</sup> Grade Grads)</i> <i>You may choose one or both</i>	<input type="checkbox"/> <b>Sturgeon City Science Institute</b> (5 days -June 21-25, 2010) <input type="checkbox"/> <b>Youth Mapping</b> (4 days - June 28-July 1, 2010)
<b>For Rising Sophomores</b> <i>(9<sup>th</sup> Grade Grads)</i> <i>You may choose one or both</i>	<input type="checkbox"/> <b>Student Leadership Development Institute</b> (5 days -June 21-25) <input type="checkbox"/> <b>Art Institute</b> (4 days - June 28-July 1, 2010) <input type="checkbox"/> <b>Science Academy</b> (5 days - June 28-July 2, 2010)
<b>For Rising Juniors &amp; Seniors</b> <i>(10<sup>th</sup> &amp; 11<sup>th</sup> Grade Grads)</i> <i>Place a #1 beside your first preference, and a #2 beside your second preference.</i> <i>HS Grads and College students are welcome to apply</i>	<input type="checkbox"/> <b>Young Leaders Institute</b> (7 weekdays June 17-18 & 21-25, 2010) <input type="checkbox"/> <b>Science Academy</b> (5 days - June 28-July 2, 2010) <input type="checkbox"/> <b>Mediamakers</b> (6 weekdays - June 18 & June 21-25, 2010) <input type="checkbox"/> <b>Filmmakers</b> (11 weekdays - June 18-July 2, 2010) <input type="checkbox"/> <b>Art Institute</b> (4 days - June 28-July 1, 2010)

*These are Nominations only. Application does not guarantee acceptance. Some institutes such as the Art and Media require additional information and screening. Teacher recommendations and references are welcome to help advance the screening process.*

Name:

**Expectations**

Are you a former Institute Fellow? Which Institute?	If so, Year Attended:	Do you understand that you will get hot, dirty and spend much of the time during the Institutes outside? <input type="checkbox"/> No, this program is not for me. <input type="checkbox"/> Yes, I accept these conditions.	Are you prepared to climb, get wet and do other physical activity? <input type="checkbox"/> No, I will explain my limitations in an attached memo <input type="checkbox"/> Yes, I accept these conditions
Do you take direction well and have a sincere desire to learn?	Are you a member of any organizations outside of school?	Are you a member of any organizations at school?	

Teacher, Principal or Staff Reference: *Who can we contact about your performance and behavior?*

Where does this person teach?

**Emergency Information (Please fill in all requested information.)**

Parents or Guardian Name(s):

In case of emergency, contact the following in order:

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Person to Notify			
Phone Number to use first			
Is this phone work, home, cell?			
Alternate Number			
Is this phone work, home, cell?			

**Medical Information**

Are there special accommodations needed due to allergies, medical or physical limitations, disability, dietary constraints or other restrictions?

No  Yes, *please list them here or on a separate page.*

**Permission (Must be signed by a guardian or a parent)**

I, the undersigned attest that I am legally responsible to give permission to the student named above to participate in the activities of the programs for which they have applied. I give permission for the student to be transported by City of Jacksonville approved buses, vans, boats and other conveyances under the direction of Institute staff to various locations. I give permission to the City of Jacksonville and its partners to release and to allow photography and identification (including name, age and school) of my minor child for publicity, news coverage, promotional presentations and web presentations of the Institute and its programs as needed. I understand that those associated with the Institutes will not share the birth date or other personal information except to medical personnel or as required by law. I give permission to Institute staff to take reasonable actions should my child be injured or need treatment while making efforts to contact me or the persons named above for further guidance. I accept the responsibility of retrieving my child at any hour and at any place if my child becomes a discipline problem or disruptive to the program or other students.

**Signature of Parent or Guardian** **Date**

**Student Certification:**

*I understand that this involves work, a seminar and outdoor activities in the heat or cold, I have answered these questions honestly and I **can be available at all times** of the Institute. I wish to make nomination to the Sturgeon City Institute and agree if accepted, I will attend and abide by all rules set forth.*

Signed by Student Date

This **signed form** must be submitted to the Jacksonville City Manager's Office at the Jacksonville City Hall at 815 New Bridge Street by Friday, April 16, 2010. Second cut will be May 7. You may mail it to: Sturgeon City Institute Nominations, City Manager's Office, PO Box 128, Jacksonville NC 28541-0128.