

**APPLICATION  
WITTENBERG UNIVERSITY  
Summer Honors Institute 2007**

Student's name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home telephone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_  
 Grade in September 2007 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ (check one) Age \_\_\_\_\_ Sex Female \_\_\_\_ Male \_\_\_\_ (check one)  
 Are you officially identified as gifted and talented according to Ohio Administrative Code 3301-51-15?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnic origin (For Health and Human Services reporting, in compliance with Title 6 of the Civil Rights Act of 1964)**

\_\_\_\_ African American      \_\_\_\_ Asian American      \_\_\_\_ Caucasian  
 \_\_\_\_ Hispanic/Latino      \_\_\_\_ Native American      Other \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home telephone (\_\_\_\_) \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

**PROGRAM CHOICE** (*indicate first and/or second choice*)

\_\_\_\_ **Prince or Frog/Lady or Tiger: Teen Dating in America - July 1 – 6**

\_\_\_\_ **Computer Modeling: Fast Track to Scientific Discovery - July 8 – July 13**

*Note: The attached School Nomination Form and Student Eligibility Confirmation Form must be completed by a teacher or administrator.*

**RESIDENTIAL FINANCIAL AID APPLICATION FORM**

Students can request financial aid to attend an Ohio Summer Honors Institute as a residential student if they:

- qualify to receive free or reduced-cost school lunches
- receive public assistance, or have legal guardians who receive public assistance

To be completed by host college or university:

Name of college/university: Wittenberg University	Name of Summer Honors Institute: ____ Prince or Frog/Lady or Tiger ____ Computer Modeling	Program Dates: ____ July 1-6, 2007 ____ July 8-13, 2007
Institute Contact Name: Dr. Barb Mackey	Institute Telephone: (937) 327-7050	Form Due Date: April 13, 2007
Institute Mailing Address: PO Box 720 Springfield, OH 45501-0720		

To be completed by applicant:

<i>Student's Name (Print)</i>	<i>Student's 2006-2007 Grade Level</i>
<i>2006-2007 School Building</i>	<i>2006-2007 School District</i>
<i>Home Telephone (including Area Code)</i>	<i>County</i>

*Eligibility: Please check all that apply:*

- I am eligible for free or reduced-cost school lunch*
- I am eligible to receive public assistance (e.g. food stamps, subsidized housing, etc.)*
- My parent(s) or legal guardian(s) are eligible to receive public assistance*

*Attach to this form a copy of a document demonstrating eligibility for one or more of the above programs, such as a letter from a school official, a copy of a document bearing the name of the parent or student from a public assistance program or agency (USDA/WIC, HUD, etc.) or an official letter from a public assistance agency verifying eligibility status.*

<i>Student Signature</i>	<i>Date</i>	
<i>Parent/Guardian Name (Print)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

# SCHOOL NOMINATION FORM

(To be completed by school personnel—teacher, counselor, or principal.)

\_\_\_\_\_ is applying for the Summer Honors Institute at Wittenberg University  
(Student's name)

**Summer Honors Institute – entering grades 10 and 11 in September 2007.**

\_\_\_ **Prince or Frog/Lady or Tiger: Teen Dating in America - July 1 – 6**

\_\_\_ **Computer Modeling: Fast Track to Scientific Discovery - July 8 – July 13**

Current Grade \_\_\_\_\_ Rank in Class \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Has student been officially identified as gifted and talented according to Ohio Administrative Code 3301-51-15? Yes \_\_\_\_\_ No \_\_\_\_\_

Has student passed all parts of the Ohio Graduation Test? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, indicate areas not passed: \_\_\_\_\_

Most recent Ability test \_\_\_\_\_  
(test name) (score) (national%ile)

Most recent Achievement test \_\_\_\_\_  
(test name) (score) (national%ile)

Reading composite score \_\_\_\_\_ %ile rank \_\_\_\_\_

Math composite score \_\_\_\_\_ %ile rank \_\_\_\_\_

Science composite score \_\_\_\_\_ %ile rank \_\_\_\_\_

Social adjustment (check one) \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Can this student participate in normal physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

What are this student's noteworthy interests and activities?  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the ways this student has demonstrated exceptional talent, creativity, and leadership or other qualities?  
\_\_\_\_\_  
\_\_\_\_\_

In as specific a manner as possible, relate this student's interests, achievements, and activities to the Summer Honor's Institute.  
\_\_\_\_\_  
\_\_\_\_\_

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_

Nominator's name and position \_\_\_\_\_  
Nominator's signature \_\_\_\_\_  
School \_\_\_\_\_ District \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

## STUDENT ELIGIBILITY CONFIRMATION FORM

### Ohio Summer Honors Institutes

Instructions to Students:

This form must be completed and signed by a gifted education coordinator, gifted education teacher, guidance counselor, principal or psychologist. Submit the completed and signed form with your application to the Summer Honors Institute to which you are applying. If you are applying to attend a Summer Honors Institute at more than one college or university, photocopy this form and submit completed and signed copies to each Summer Honors Institute.

If you are not currently enrolled in an Ohio public school, you may demonstrate eligibility by submitting documentation showing that you meet the criteria for gifted identification in Ohio Administrative Code (OAC) 3301-51-15(c) ("eligibility") in place of this form. The text of OAC 3301-51-15 is available online at:

[www.ode.state.oh.us/exceptional\\_children/gifted\\_children/TheRuleOAC3301-51-15.ASP](http://www.ode.state.oh.us/exceptional_children/gifted_children/TheRuleOAC3301-51-15.ASP)

Please complete, sign, and date this form.

<u>Student's Name</u>	<u>Student's Current Grade</u>		
<u>School District</u>	<u>School Building</u>		
<u>County</u>			
<p><i>Area of Gifted Identification:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <i>Superior Cognitive</i>  <input type="checkbox"/> <i>Creative Thinking</i>  <input type="checkbox"/> <i>Visual/Performing Arts</i> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <i>Specific Academic Ability</i>  <input type="checkbox"/> <i>Mathematics</i>  <input type="checkbox"/> <i>Science</i>  <input type="checkbox"/> <i>Reading, Writing or a Combination</i>  <input type="checkbox"/> <i>Social Studies</i> </td> </tr> </table>		<input type="checkbox"/> <i>Superior Cognitive</i> <input type="checkbox"/> <i>Creative Thinking</i> <input type="checkbox"/> <i>Visual/Performing Arts</i>	<input type="checkbox"/> <i>Specific Academic Ability</i> <input type="checkbox"/> <i>Mathematics</i> <input type="checkbox"/> <i>Science</i> <input type="checkbox"/> <i>Reading, Writing or a Combination</i> <input type="checkbox"/> <i>Social Studies</i>
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<p>"I certify that the student named above meets the criteria for gifted identification described in Ohio Administrative Code (OAC) 3301-51-15."</p> <p style="text-align: center;">School Official's Name (Print): _____</p>			
_____ School Official's Signature	(_____) _____ School Official's Telephone		
<p>School Official's Position:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gifted Coordinator  <input type="checkbox"/> Counselor  <input type="checkbox"/> Principal         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gifted Intervention Specialist  <input type="checkbox"/> Psychologist  <input type="checkbox"/> Other Administrator: _____         </td> </tr> </table>		<input type="checkbox"/> Gifted Coordinator <input type="checkbox"/> Counselor <input type="checkbox"/> Principal	<input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Other Administrator: _____
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Mail Application and accompanying forms to: Summer Honors Institute, School of Community Education, Wittenberg University, P.O. Box 720, Springfield, OH 45501-0720. Deadline for application and nomination form is April 13, 2007. We will consider applications received after this date if space is available.