

PSD G&T Canyon Skies Application 2011

Application Checklist

Thanks for applying to the PSD Gifted and Talented Canyon Skies program!

Items marked with a red asterisk are required. Please contact Global Explorers with any questions or concerns at 877-627-1425 or Shannon@GlobalExplorers.org.

In order for your application to be fully considered, GEx must have the following 3 items on or before **NOVEMBER 15, 2010:**

- 1) Online application (You're doing that now!) Or, download a pdf version.
- 2) Two educator referral forms Open in new window to download pdf form, or share this link:
<https://globalexplorers.wufoo.com/forms/educator-referral-canyon-skies/>.
- 3) A copy of your family's most recent 1040 tax form (if applying for a scholarship).

Submit to:

Global Explorers
c/o PSD G&T
420 S. Howes St., Suite B300
Fort Collins, CO 80521

-or-

Shannon@GlobalExplorers.org

-or-

970.672.1073 (fax)



Let's Get Started!

Application Information

Please include information about the applicant.

*Name: _____
First Last

Nickname: _____

How did you hear about the program? _____

*Gender (Circle one): Female Male Transgender

*Home Phone Number: _____ Mobile Phone Number: _____

*Email: _____

(PLEASE NOTE: We do most of our communication via email. Be sure to write legibly and provide an email address that you check regularly.)

*Address: _____
Street Address Address Line 2

City State/Province Postal/Zip Country

*Birth Date: _____

*Grade: _____

*Name of School: _____

*Are you currently in the Gifted & Talented Program in PSD? YES NO OTHER

*T-shirt Size (Circle one): Small Medium Large XL XXL



Parent/Guardian Contact Information

Minors under the age of 18 must provide Global Explorers with contact information for legal guardian(s).

1st Legal Guardian Name: _____
First Last

Relationship to Applicant (*Circle one*):

Mother Father Grandparent Prefer Not to Answer Other: _____

Address: (*Write "Same as Participant" if the address is the same as above.*)

Street Address Address Line 2

City State/Province Postal/Zip Country

Employer: _____ Profession: _____

1st Legal Guardian Email: _____

Work Phone Number: _____ Mobile Phone Number: _____

2nd Legal Guardian Name: _____
First Last

The 2nd Guardian is related to the 1st Guardian in the following way (*Check one*):

- The two guardians are married. The two guardians are separated.
- The two guardians are divorced. Other (please specify:) _____

(Certain legal documents may need to be signed by both legal guardians. Knowledge of marital status enables us to determine where information must be sent.)

Relationship to Applicant (*Circle one*):

Mother Father Grandparent Prefer Not to Answer Other: _____



Address: (Write "Same as Participant" or "Same as 1st Guardian" if the address is the same as any above.)

Street Address

Address Line 2

City

State/Province

Postal/Zip

Country

Employer: _____

Profession: _____

2nd Legal Guardian Email: _____

Work Phone Number: _____

Mobile Phone Number: _____

Ethnic Identity

This information is gathered for research purposes only - Global Explorers does not select program participants based on ethnicity. *Please select one of the following. These categories coincide with the U.S. Dept. of Education's 2007 Guidance on Collecting, Maintaining and Reporting Data by Race or Ethnicity.*

What is your ethnicity? (Circle one): Hispanic or Latino Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> East Indian/ Pakistani | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Korean | |

What is your primary language spoken at home? _____

Scholarship Info

*Are you applying for a scholarship? (Circle one): Yes No

(Students selected to receive a scholarship will be responsible for paying \$200; non-scholarship participants, \$1,100. Fundraising assistance will be provided.)

If YES, complete questions 1-5, if not, continue on to the next page.

*1. Are you eligible to participate in the free or reduced meals program at you school?

Yes, Reduced Meals Yes, Free Meals No, I am not eligible

*2. What is your annual Household Income before taxes?

- Under \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$75,000
- \$75,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 or more

*3. How many individuals are supported by your household income? _____

*4. If there is additional information that speaks to your financial need, please describe below (or on a separate sheet of paper):

*5. Has anyone in your immediate family graduated from a four year college or university? YES NO

* I understand that I must submit a copy of my family's most recent 1040 tax form to GEx to be eligible for this scholarship.

Yes, I understand

Personal Experience and Background Info

While the hikes and activities on our workshops may or may not be strenuous, the heat can be taxing for some travelers. We expect students to come ready to be active for many hours of the day! We will do a lot of work prior to travel to ensure you are prepared, but we would like to get a gauge on your background to ensure the health and safety of the entire team selected. Disclosure of a condition does NOT affect your eligibility. It simply enables us to safely accommodate any needs you may have. Upon acceptance, Global Explorers requires a comprehensive health history report signed by a certified health practitioner demonstrating your ability to participate.

* Do you have a disability? YES NO

If yes, please describe:

Please list any health concerns (e.g. diabetes, asthma, seizures, heart or respiratory problems or any other physical condition that may affect your ability to fully participate in all activities):

Please list any medications you are currently taking (include dosages and frequency):

Are there any concerns about your ability to participate in a Global Explorers program?

What kind of swimmer are you? *(Circle one.)*

Beginning swimmer Intermediate swimmer Advanced swimmer Non-swimmer

Height & Weight *(This is required only for life jacket fitting. Note: Grand Canyon Youth cannot accommodate anyone with a chest size larger than 52 inches due to the sizing of Coast Guard-approved life jackets.)*

Getting to know you: Short Essays and Personal Commitment.

Please write these essays on a separate piece of paper and attach them to this application. This program is competitive and we may not be able to accept all applicants. Essay questions help us determine the most appropriate participants for the program. For those applying to scholarships, answers will be used to assess the merit portion of the scholarship process.

- *1. What do you hope to learn from this program? And, why are you interested in traveling to the Southwest?

- *2. What does being a leader mean to you, and how have you demonstrated this?

- *3. What career(s) are you most interested in for the future? What do you like about that career(s)?

- *4. Have you had extended time away from home or have you previously participated in a program similar to this? If so, tell us about it. If not, tell us about any experience that was meaningful to you.

- * By checking the statement below, I indicate that I have given serious thought to each item and I hereby make a commitment to adhere to the statement.
 - I understand that I will have to submit a sports physical to Global Explorers upon being accepted into this program.
 - I will be a responsible, cooperative, and active participant for the entire Global Explorers program.
 - I will not use alcohol or drugs or engage in sexual activity during the Global Explorers program.
 - I understand that as a participant in this program I will be an integral part of a team and I agree to be an active and supportive team member.
 - I am willing to live without such things as make-up, hair dryers and electronics (MP3 players, games, etc.) for the Field Workshop.
 - I understand that the Field Workshop might be physically demanding.
 - I understand that AFTER the Field Workshop, I am required to spend time implementing a Service Leadership Project in my home community.

By signing you, agree to the following:

I understand that I must submit two educator referrals by Wednesday, December 1 before my Leading the Way application is complete.

*Applicant Signature: _____ Date: _____

*Parent/ Guardian Signature: _____ Date: _____