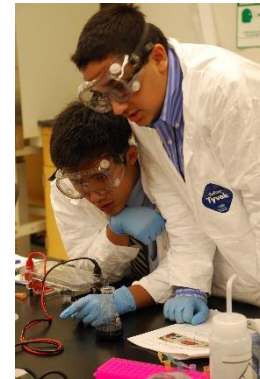


# 2019 Summer Residential Governor's School (SRGS) Medicine and Health Sciences Application Information Page



The Summer Residential Governor's School for Medicine and Health Sciences provides an enhanced curriculum that explores the health sciences and medicine through a systems-based, problem-solving approach. Students explore the connections among the patient, the community and the health scientist by utilizing case studies, laboratory investigations and real-world shadowing experiences. Students engage in hands-on classroom activities and laboratory exercises that will prepare them for the problem-solving case studies. Participants rotate through three modules, each lasting five days. They work with their mentor teachers as they learn techniques and concepts unique to each area of study. During the fourth week of the program, students will shadow professional surgeons, physicians and other health care providers involved in the diagnosis and treatment of patients in the VCU Medical Center.

**Students must key in the data on the first page of this application for clarity and accuracy.**

For division information, please contact the gifted education coordinator whose contact information is available on the [Virginia Department of Education Website](#).

The Virginia Department of Education does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following position has been designated to handle inquiries regarding the Department's nondiscrimination policies: Deputy Superintendent – Finance and Operations, Virginia Department of Education, P.O. Box 2120, Richmond, Virginia 23218-2120, (804) 225-2025.

For further information on Federal nondiscrimination regulations, contact the Office of Civil Rights at [OCR.DC@ed.gov](mailto:OCR.DC@ed.gov) or call 1 (800) 421-3481.

You may also view [Executive Order 1 \(2014\)](#), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. You may obtain additional information at the Commonwealth of Virginia's [official website](#) concerning this equal opportunity policy.

**2019 SUMMER RESIDENTIAL GOVERNOR'S SCHOOL (SRGS)  
MEDICINE AND HEALTH SCIENCES APPLICATION**

**APPLICANTS MUST KEY THIS PAGE FOR CLARITY AND ACCURACY.**

**I attend**     Public School     Private School     Home School

**APPLICANT INFORMATION: COMPLETE ALL REQUESTED INFORMATION**

<b>Item</b>	<b>Personal Information</b>		
First Name		Date of Birth	
Middle Name		Nickname	
Last Name		Graduation Year	
Mailing Address			
City		<b>VIRGINIA ZIP</b>	
Home Telephone		Student's Email <b>(NOT school email)</b>	
Parent's/Guardian's Work Phone		Parent's/Guardian's Email	
Parent's/Guardian's Work Phone		Parent's/Guardian's Email	

**HIGH SCHOOL INFORMATION: COMPLETE ALL REQUESTED INFORMATION.**

<b>Item</b>	<b>Personal Information</b>
High School	
School Address	
City/State/ZIP	
Telephone	
Fax Number	
HS Contact Name and Email	
<b>Public School Students Only</b>	
Division Name	

**STUDENT STATEMENT:**

The decision to apply for Governor's School is my own. I want to participate fully in the program. If selected, I will abide by the rules and expectations explained in the program handbook and all other expectations provided by the program director. The responses contained in this application are my own work and are truthfully offered.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FOR OFFICIAL USE ONLY BY GIFTED EDUCATION COORDINATOR: Indicate student's score and rank.**

**Score (from page 8)** \_\_\_\_\_  
(round to the nearest hundredth)

**Rank** \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE**

**CAREER HIGHLIGHTS: ACTIVITIES, RESEARCH, AND HONORS**

*In the three sections that follow, list accomplishments that highlight your positions of leadership or intellectual activities. Higher scores will be awarded to activities/programs in which you hold a position of leadership and to research, study, presentations, and competitions associated with extracurricular clubs, community groups, national organizations, etc.*

**Activities/Programs**

List the three most significant activities/programs in which you have participated **during the past three years that relate to your area of interest**. Include the name of the organization, sponsoring agency, or group. Also, describe the time involved and any leadership position you have held. Under “Year”, indicate the calendar year of the training or activity. If you need more space, attach a second sheet. Please explain any acronyms that you use.

Activity and Organization	Position Held	Time Involved	Year
<i>Example: Student Government</i>	<i>Vice President</i>	<i>4 hours/month</i>	<i>2015-16</i>
1.			
2.			
3.			

**Research/Study Experiences**

List the three most significant research/study experiences you have had **in the past three years that relate to your area of interest**. Make sure you include the name of any group, organization, or individual with whom you studied. If you need more space, attach a second sheet.

Study/Brief Description	Teacher	Organization	Time
<i>Example: VJAS research project exploring the consequences of fertilizer run-off on the York River</i>	<i>Danny Peters, Biology</i>	<i>York High School</i>	<i>2 semesters, 2014-15</i>
1.			
2.			
3.			

**Honors/Recognitions**

In this section, please list the three **most significant honors/recognitions you have received during the last three years in your area of interest**.

Honor/Recognition	Level of Competition – Regional, State, National, International	Year
<i>Example: Induction into the National Honor Society, serving as Secretary</i>	<i>Regional</i>	<i>2015</i>
1.		
2.		
3.		

**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE**

Final selection of participants is made by the program and/or site directors and is based on the strength of the application, program needs, and the availability of mentors.

Have you worked with a mentor during your high school experience?  Yes  No

With whom do/did you work?	
Where do/did you work?	
For how long have you worked with this mentor?	

**ACADEMIC ESSAY**

Students must respond to one of the essay topics indicated below. The essay should be 300-500 words (approximately two pages of double-spaced 12-point type, with a 1” margin on each side). Include your name in the upper right-hand corner of each page of the essay. Sources should be cited at the conclusion of the essay. Students are asked to number the pages 3a and 3b and place them in the final academic application after this page. Students should review the rubric at the bottom of this page and consider each of the areas carefully as they proofread and edit their essays. Students may seek advice from appropriate teachers as they draft and revise their essays. Your essay will be reviewed for its central idea, logic, elaboration, organization, unity, and voice; similarly, the essay will be reviewed for its adherence to grammatical conventions in sentence structure, usage, and mechanics.

**MEDICINE AND HEALTH SCIENCES ESSAY TOPIC**

Imagine that you are a medical student on your rounds in the hospital. Discuss some important interactions that you might observe between a health care provider and patients and among staff members themselves. Discuss the communication, teamwork, and leadership skills that you would consider important for a medical student to possess in order to work effectively in a modern integrative health care system with culturally diverse patients.

**SCORING RUBRIC**

<b>COMPOSITION</b>	<b>0 – 1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Central Idea/Position	Missing	Unclear	Weak	Strong
Evidence/Details	Unclear	Minimal	Adequate	Precise/Relevant
Organization/Unity	Lacking	Random/Many digressions	Lapses/ Some digressions	Logical/Unified
Counter Claims	Absent	Weak	Attempted	Effective
Word Choice	Lacking	Limited	Some Specificity	Highly Specific
<b>MECHANICS</b>	<b>0</b>	<b>1</b>	<b>2</b>	
Sentence Structure	Weak	Some variety	Varied	
Usage	Incorrect	Some incorrect	Consistently correct	
Mechanics	Incorrect	Some incorrect	Consistently correct	

**ALL APPLICANTS AND PARENT/GUARDIAN MUST COMPLETE INFORMATION ON THIS PAGE**

**APPLICANT AND PARENT/GUARDIAN ASSURANCES**

I, the parent/guardian of \_\_\_\_\_, permit my son/daughter, if selected, to participate in the 2019 Summer Residential Governor's School. I realize that transportation to and from the Governor's School and spending money for personal expenses must be provided by the participants. I understand that if selected for the program, he/she must abide by the rules and expectations set forth for the school. I further agree that I have been duly informed that **LEAVES OF ABSENCE** from these programs are allowed only for **SEVERE CASES OF MEDICAL AND/OR FAMILY EMERGENCIES**. Medical and family emergencies include major illness, hospitalization, or death of an immediate family member or guardian. I also understand that failure to participate in the programs, or unwillingness to abide by the rules and expectations, may be just cause for immediate dismissal.

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

Both student and parent/guardian must initial after having read the following assurances. These constitute the expectations for students who apply or accept invitations to the summer residential governor's school program.

Student Initials	Parent or Guardian Initials	Assurances
		I understand that leaves of absence are granted <b>ONLY</b> in the case of medical or family emergencies as described above. Participants are expected to arrive at the site by the opening ceremony, indicated in the <i>2019 Student and Parent Guide for Governor's Schools</i> , and remain at the site through the closing ceremony.
		I understand that the programs require concerted academic focus, preparation, and motivation from all participants and that participants are expected to demonstrate the emotional maturity and self-discipline to participate in the activities and to demonstrate respect for self, others, program, and school.
		I understand that participants will be expected to follow the rules and expectations outlined in the <i>2019 Student and Parent Guide for Governor's Schools</i> , and any other instructions provided by the program director. These rules and expectations have been thoroughly read and are understood.
		I understand that each nominee and division gifted education coordinator/private school regional coordinator will be mailed acceptance and alternate information by April 15, 2019, and that no information will be available before that date.
		I understand that possession of tobacco or alcohol, weapons, or nonprescription drugs will result in the participant's immediate dismissal from the program and that participants are also subject to any disciplinary action that the sponsoring school division or private school chooses to invoke. Certain infractions may also result in legal consequences as outlined in the <i>Code of Virginia</i> .
		I understand that previous participants of any Summer Residential Governor's School program (including Governor's Foreign Language Academies) shall not apply for or participate in the Summer Residential Governor's School program; and I am not applying for a 2019 Governor's Foreign Language Academy or for another Summer Residential Governor's School.
		I certify that I am a resident of the Commonwealth of Virginia and eligible for a free, public education in the Commonwealth.
		I understand failure to provide complete and accurate medical, mental health, and prescription information may result in immediate dismissal from the program.
		I understand that I waive my rights to review and inspect my child's application and score sheet for the Summer Residential Governor's School program.
		I certify that these are my truthful responses to these assurances.

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER**

**TEACHER RECOMMENDATION A**

This recommendation must be completed by a **current teacher in the student's area of interest** who can assess his/her current abilities, preferably a teacher who has taught the student in a course closely related to the selected program. There are two required parts to the recommendation: a rating scale and a narrative.

**RATING SCALE TEACHER A**

1. What course or program of studies has the student taken under your supervision? In what year(s)?
  
2. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

**0=Good (Above Average)      1=Excellent (Top 10 Percent)      2=Outstanding (Top 2-3 Percent)**

	Quality	Score
1.	Motivation and initiative	
2.	Self-direction	
3.	Intellectual curiosity	
4.	Independence of thought	
5.	Originality of ideas	
6.	Use of higher-level thinking skills	
7.	Attitude toward learning	
8.	Ability to contribute to a group process	
9.	Willingness to accept ideas of others	
10.	Emotional stability, maturity, and self-discipline	
11.	Openness to new experiences	
12.	Cooperative behavior	
13.	Respect and tolerance for the views of others	
	<b>Subtotal A (out of 26 points)</b>	

**NARRATIVE TEACHER A**

Teachers, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

SIGNATURE OF TEACHER	PRINTED NAME	DATE
EMAIL ADDRESS	PHONE #	

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER**

**ADULT RECOMMENDATION B**

This recommendation must be completed by **any teacher/instructor/advisor/adult (outside of the student's family)** who is familiar with the student's work. There are two required parts to the recommendation: a rating scale and a narrative.

**RATING SCALE ADULT B**

1. What course or program of studies has the student taken under your supervision? In what year(s)?
  
2. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

**0=Good (Above Average)      1=Excellent (Top 10 Percent)      2=Outstanding (Top 2-3 Percent)**

	Quality	Score
1.	Motivation and initiative	
2.	Self-direction	
3.	Intellectual curiosity	
4.	Independence of thought	
5.	Originality of ideas	
6.	Use of higher-level thinking skills	
7.	Attitude toward learning	
8.	Ability to contribute to a group process	
9.	Willingness to accept ideas of others	
10.	Emotional stability, maturity, and self-discipline	
11.	Openness to new experiences	
12.	Cooperative behavior	
13.	Respect and tolerance for the views of others	
	<b>Subtotal A (out of 26 points)</b>	

**NARRATIVE ADULT B**

Recommender, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

SIGNATURE OF ADULT	PRINTED NAME	DATE
EMAIL ADDRESS	PHONE #	

APPLICANT'S FULL NAME	
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**INFORMATION ON THIS PAGE MUST BE COMPLETED BY APPROPRIATE SCHOOL AND DIVISION PERSONNEL**

**PRINCIPAL/HEAD OF SCHOOL RECOMMENDATION**

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I recommend this applicant.

Signature of Principal/Head of School	Printed Name	Date
School Name	Public School LEA Number	

**GIFTED EDUCATION COORDINATOR/PRIVATE SCHOOL REGIONAL COORDINATOR RECOMMENDATION**

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I further certify that the nominee's attendance and discipline records have been reviewed and that information has been taken into appropriate consideration. I thereby recommend this student for consideration.

Signature of Gifted Education or Private School Regional Coordinator	Printed Name	Date
Name of School Division	Private School Region	
Email Address	Telephone	

**Division/Regional Selection Committee**

**Date of Meeting:**

	Name	Position
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		



**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE GIFTED EDUCATION OR PRIVATE SCHOOL REGIONAL COORDINATOR**

**2019 SUMMER RESIDENTIAL GOVERNOR’S SCHOOL ACADEMIC SCORES PAGE**

**I. CAREER HIGHLIGHTS: ACTIVITIES, RESEARCH, & HONORS**

1 or 2 points possible per activity/program; no more than 3 may be counted. (6 max)

1 or 2 points possible per research/study experience; no more than 3 may be counted. (6 max)

1 or 2 points possible per honor/recognition; no more than 3 may be counted. (6 max)

**TOTAL I:** (      **Activities**) + (      **Research**) + (      **Honors**) =  **(18 max)**

**II. ESSAY EVALUATION**

Reader One:    Rate as  6  5  4  3  2  1

Reader Two:    Rate as  6  5  4  3  2  1

**TOTAL II:** [(      **Reader One**) + (      **Reader Two**)] x 2 =      **(24 max)**

**III. TEACHER/ADULT RECOMMENDATIONS**

**Rating Scale:**

[Teacher A      (26 max) + Adult B      (26 max)] **divided by 2** =      (26 max)

**Narrative Evaluation:**

[Teacher A      (6 max) + Adult B      (6 max.)] **multiplied by 2** =      (24 max)

**TOTAL III:** [(      **Rating Scale**) + (      **Narrative**)] **multiplied by .52** =  **(26 max)**

**IV. APPLICANT APTITUDE AND ACHIEVEMENT**

Mark the correct response in each category. Include test information below. Use scale (8, 7, 6, 5, 4 or 3) to assign points to each category. Private schools should consider the courses their students take that are comparable to AP/IB/Cambridge/AYGS courses when determining course difficulty.

Norm-referenced Test 1		Norm-referenced Test 2		Grade Point Average		Course Difficulty		
(99-98%)	<input type="checkbox"/> 8	(99-98%)	<input type="checkbox"/> 8	4.0-3.8	<input type="checkbox"/> 8	College scholar...	<input type="checkbox"/> 8	
(97-95%)	<input type="checkbox"/> 7	(97-95%)	<input type="checkbox"/> 7	3.7-3.5	<input type="checkbox"/> 7	Challenging...	<input type="checkbox"/> 7	
(94-90%)	<input type="checkbox"/> 6	(94-90%)	<input type="checkbox"/> 6	3.4-3.0	<input type="checkbox"/> 6	Moderate degree...	<input type="checkbox"/> 6	
(89-85%)	<input type="checkbox"/> 5	(89-85%)	<input type="checkbox"/> 5	2.9-2.5	<input type="checkbox"/> 5	General program...	<input type="checkbox"/> 5	
(84-80%)	<input type="checkbox"/> 4	(84-80%)	<input type="checkbox"/> 4	2.5-2.0	<input type="checkbox"/> 4			
(<80%)	<input type="checkbox"/> 3	(<80%)	<input type="checkbox"/> 3	(<2.0)	<input type="checkbox"/> 3			
<b>TOTAL IV:</b>		+		+		+		<input style="width: 40px;" type="text"/> <b>(32 max)</b>

Test 1:	Date Taken:
Test 2:	Date Taken:

**GRAND TOTAL:** (Add Totals of Parts I + II + III + IV) =

*Round to the nearest hundredth; e.g., 92.36 (100 max)*