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| SCLogo **Institutes & Programs** | **Nomination****for the** **Summer 2020****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.

*To ensure space submit by May 20. Sessions that do not fill early may be cancelled due to budgetary constraints.*

*Questions: Call Sturgeon City at 938-6456*

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| **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?** *What name do you want on certificates and for publicity?* |
| First | Last |
| Mailing Address: | City/Zip: |
| Main Family Phone: (if this is a text capable phone check here 🞐

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| ( |  |  |  | ) | - |  |  |  | - |  |  |  |  |

 | 🞐 Male🞐 Female |

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| --- | --- | --- | --- | --- |
| Month |  | Day |  | Year |
|  |  |  |  |  |  |  |  |  |  |

Birth Date: |
| **Student’s** Cell Phone: 🞐 Texting Capable? (SMS)

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 | **My Sizes**-Tell us your size for a **male** **adult** sized shirt:

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| --- | --- | --- | --- | --- | --- |
| T-Shirt | 🞐 S | 🞐 M | 🞐 L | 🞐 XL | 🞐 XXL |
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| **Student’s Email and Facebook:** | **Parent’s Email:** |
| Current School Attending | Grade | School you expect to attend next year | Do you needTransportation

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Expected Year of **High School** Graduation: |
| ***I hereby make application to (Check Only One):*** *(They are all the same week)* |
| **For Rising Freshmen***(8th Grade Grads)* |  |  | **Sturgeon City Science Institute** 5 days – M-F June 22-26, 2020 |
| **For Rising Sophomores***(9th Grade Grads)****Special Permission Required for Sophomores to attend Science Academy****.* |  |  | **Public Safety Institute** 5 days – M-F June 22-26, 2020 |
|  |  | **Science Academy - Engineering** 5 days – M-F June 22-26, 2020 |
|  |  | **Science Academy – Marine Biology** 5 days – M-F June 22-26, 2020 |
|  |  | **Art Institute** 5 days – M-F June 22-26, 2020 |
|  |  | **New Generation Leaders** 5 days – M-F June 22-26, 2020 |
| **For Rising Juniors****& Seniors***(10th & 11th Grade Grads)**Place #1 beside your first preference, and a #2 beside your second preference.****HS Grads and College students are welcome to apply*** |  |  | **New Generation Leaders** 5 days – M-F June 22-26, 2020 |
|  |  | **Science Academy – Engineering** 5 days – M-F June 22-26, 2020 |
|  |  | **Science Academy – Marine Biology** 5 days – M-F June 22-26, 2020 |
|  |  | **Art Institute** 5 days – M-F June 22-26, 2020 |
|  |  | **Public Safety Institute** 5 days – M-F June 22-26, 2020 |

***These are Nominations only.*** *Application does not guarantee acceptance. Additional teacher recommendations and references are welcome to help advance the screening process.*

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| **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? 🞐 No, this program is not for me.🞐 Yes, I accept these conditions. | Are you prepared to climb, get wet and do other physical activity? 🞐 No, I will explain my limitations  in an attached memo🞐 Yes, I accept these conditions |
| Do you take direction well and have a sincere desire to learn? 🞐 No, this program is not for me.🞐 Yes | Do you understand that this is not a ‘day care’ or ‘drop in’ program, but a learning and fun activity that requires my full attention🞐 No, this program is not for me.🞐 Yes, I pledge to be attentive and to fully participate.  |
| Teacher, Principal or Staff Reference: *Who can we contact about your character, performance and behavior?* |
| Where does this person teach? |
| Parents or Guardian Name(s) (for invitations, acknowledgement and legal responsibility): |
|  |
| Emergency Information (Please fill in all requested information.) |
| 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 & Acknowledgement** (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 Sturgeon City nonprofit, the Onslow School System, 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, televised 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. I certify that my child was eligible to attend a public high school for the current year, and eligible to attend a public for the next school year, or has graduated, and that I will notify Sturgeon City should my child’s eligibility status changes.

**Signature of Parent or Guardian Date**

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| **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 attend all days*** *of the Institute that I am applying to. 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 |

**Note**: Application does not mean acceptance. First, you must have assurance that we received this application. Second: that the student was accepted and Third: that due to budgetary constraints, that sessions were not already full or cancelled. This **signed form** must be submitted to the administration building, Sturgeon City of Jacksonville, 50 Court Street. You may mail it to: Sturgeon City Institute Nominations, PO Box 1056, Jacksonville NC 28541-1056, email it to sturgeoncityapplications@gmail.com or fax it to 910 938-0053. Live signatures will be required before admittance. Questions, call 938-6456.