

Please indicate field: <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Fine Arts <input type="checkbox"/> Tech/Career Ed <input type="checkbox"/> Agricultural Ed	<b>Georgia Department of Education</b>  <b>2009 Georgia Governor's Honors Program</b> <b>Student Nomination Form, Part 1</b>	Subject Area: Click to select area <i>If the area is music, include instrument or vocal part.</i> Click to select part
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**Part 1 - This section is to be completed by the Student and Parent or Legal Guardian.**

*Directions: All information on this application must be completed on a computer.*

Name of School System or Private School <b>Cobb County School District</b>							
Name of School <b>Lassiter High School</b>							
Nominee's Full Name							
Home Address (Street/Route/Post Office Box)					City	State	Zip
Home Phone ( ) -	Birth Date (M/D/YY)	Age	Grade Click to select	Gender Click to select	Email		
Father's Full Name or Legal Guardian (With Title: i.e., Mr., Dr., Rev., etc.)						Home Phone ( ) -	
Home Address (Street/Route/Post Office Box) (Write SAME if same address)					City	State	Zip
Business Phone ( ) -	Cellular Phone ( ) -	Email					
Mother's Full Name or Legal Guardian (With Title: i.e., Ms., Dr., Rev., etc.)						Home Phone ( ) -	
Home Address (Street/Route/Post Office Box) (Write SAME if same address)					City	State	Zip
Business Phone ( ) -	Cellular Phone ( ) -	Email					

The interview teams will consider carefully the information given below in evaluating this nomination form. Be thorough in your answers. *Please note that the textboxes will expand as you type.*

1. *Describe your interest in your nomination area.*

2. *What have you already accomplished in your nomination area beyond regular classroom work? (Submit evidence as required in the "Instructional Descriptions and Criteria for Selection" guidelines. Check with your local GHP coordinator for this information. Please consider that the evidence submitted will not be returned. Duplicate copies will suffice).*

3. *Why do you feel that you should be selected as a Finalist?*

4. *Have you decided on a career? If so, tell about it.*

5. *Make any statement in support of your nomination, which you think has not been covered elsewhere on this form.*

***Students and Parents: Read carefully before signing the following statements.***

**Student Signature Area**

**Conditions**

I understand that in addition to this application, and to remain eligible for selection in the 2009 Governor's Honors Program, I must appear at, and participate in, the statewide interviews, as scheduled by the Georgia Department of Education.

**2009 Governor's Honors Program Interview Dates and Locations\***

**Dance and Theatre**

**Saturday, January 31, 2009  
Pebblebrook High School in Mableton, Georgia**

**Communicative Arts, Biology, Chemistry, Physics, and Social Studies**

**Saturday, January 31, 2009  
Dutchtown Schools Complex in Hampton, Georgia**

**Music and Visual Arts**

**Saturday, February 7, 2009 (Please note – this is also an ACT Test Date)\*  
Pebblebrook High School in Mableton, Georgia**

**Foreign Languages, Mathematics, and Technology/Career Education**

**Saturday, February 7, 2009 (Please note – this is also an ACT Test Date)\*  
Dutchtown Schools Complex in Hampton, Georgia**

**Agricultural Education**

**Saturday, February 7, 2009 (Please note – this is also an ACT Test Date)\*  
University of Georgia (Athens)**

**\*Please be advised: Do NOT select February 7, 2009 for the ACT standardized test date. Please select alternate testing dates for this examination.**

If selected to attend the program, I agree to participate in all scheduled activities including special events and seminars. I understand that I must concentrate in one major area of study, that I cannot change my major area, and that I will select a minor area of study (chosen during the first week of the program). I understand that the program will be a six-week residential program and that I am expected to remain in the program for the entire period (June 14 – July 25, 2009) without interruption. I will arrive on the opening day no later than 2:00 PM and will leave no earlier than 11:00 AM on the closing day of the program. I understand that inability to meet this attendance requirement will result in immediate dismissal from the program.

I understand that all information regarding the GHP selection process and finalist participation is available on the GHP Web Page, and that it is my responsibility to remain informed of updates by accessing the GHP web site at:

**[http://snipurl.com/ghp\\_doe](http://snipurl.com/ghp_doe)**

Date (M/D/YY)	Nominee's Signature ( <u>Required</u> )
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**Parent/legal guardian signature area**

My child has my permission to participate in the 2009 Governor's Honors Program. We have read and agree to the above conditions. We further agree for the school to release his/her school records in support of his/her nomination as a finalist. If my child is chosen as a finalist, I give permission for the Georgia Department of Education to release his/her name and school of attendance to the public.

Date (M/D/YY)	Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian ( <u>Required</u> )
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**Part 2 - This section is to be completed by the *Nominating Teacher*.**

*Directions: All information on this application must be completed on a computer.*

Name of School System or Private School <b>Cobb County School District</b>
Nominating Teacher's Name
Nominee's Full Name

*NOTE: Parents and student may (under PL 93-380) review your evaluations. This evaluation should not be considered confidential.*

The interview teams will consider carefully the information given below in evaluating the student. Be thorough in your answers. *Please note that the textboxes will expand as you type.*

1. *How has this student demonstrated outstanding abilities and achievement in your classroom?*

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2. *What evidence do you have of the student's attitude toward independent and self-directed learning beyond the regular classroom experience? (Do not list awards or honors as they are requested elsewhere on this form.)*

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3. *What assurances do you have of the student's personal commitment to study in the area of his or her nomination?*

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4. *Other Comments.*

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5. *List awards and honors won by the student in grades 9-11 in area of nomination. Please be specific.*

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6. *List courses taught to the nominee by the nominating teacher.*

<u>Course Title</u>	<u>Quarter/Semester/Year</u>

**I recommend this student for participation in the 2009 Governor's Honors Program.**

Date (M/D/YY)	Nominating Teacher's Name Signature ( <u>Required</u> )
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**Part 3 - This section is to be completed by the local system GHP Coordinator.**

*Directions: All information on this application must be completed on a computer.*

Name of School System or Private School Cobb County School District	School Attending Lassiter High School	School Phone (678) 494-7863		
School Address (Street/Route/Post Office Box) 2601 Shallowford Road		City Marietta	County Cobb	Zip 30066
Nominee's First Name	Middle Name	Last Name		
Preferred Name		Email		

*List courses taken in area of nomination. Indicate each course by Course title; Time: Semester (S), Quarter (Q), or Year (Y); and Level of Instruction: Accelerated (Acc), Advanced (Adv), or Regular (R). Indicate if Block Scheduling (B).*

<u>Course Title</u>	<u>Time (S,Q,Y) /(B)</u>	<u>Level of Instruction</u>

<u>Overall Numeric Average</u>		<u>Area of Nomination Numeric Average</u>	
<u>Overall Grade Point Average</u>		<u>Area of Nomination Grade Point Average</u>	

*List date(s) PSAT/SAT was taken. A printout (or clear photocopy) of the score sticker or score report from testing service showing PSAT/SAT scores must be attached as the final page of this nomination form/packet, or brought to the statewide interviews.*

Date (M/D/YY)	Date (M/D/YY)	Date (M/D/YY)	Date (M/D/YY)
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The interview teams will consider carefully the information given below in evaluating the student. Be thorough in your answers. *Please note that the textboxes will expand as you type.*

*List awards and honors won by the student in grades 9-11 in areas other than the Area of Nomination. Please be specific.*

*List extracurricular activities of student in grades 9-11.*

**I support the nomination of this student for the 2009 Governor's Honors Program.**

Date (M/D/YY) 10/20/08	Counselor's Name Nate Fisher	Counselor's Signature ( <u>Required</u> )
Date (M/D/YY) 10/20/2008	Principal's Name Chris Shaw	Principal's Signature ( <u>Required</u> )
Date (M/D/YY) 10/20/08	Superintendent's/Headmaster's Name Fred Sanderson	Superintendent's/Headmaster's Signature ( <u>Required</u> )

**I support the nomination of this student for the 2009 Governor's Honors Program and I have checked ALL application materials for accuracy and required signatures. I understand, and have notified the student of required dates for interviews and program participation. I understand that all information regarding the GHP selection process and finalist participation is available on the GHP Web Page for my nominees, and that it is my responsibility to keep them informed of updates by directing them to access the web site at:**

**[http://snipurl.com/ghp\\_doe](http://snipurl.com/ghp_doe)**

Date (M/D/YY) 10/20/2008	Local Coordinator's Name Alison Coker	Local Coordinator's Signature ( <u>Required</u> )
Coordinator's Phone Number (770) 426-3324	Email alison.coker@cobbk12.org	

**Return one complete copy to Dr. Joe Searle, Director, Governor's Honors Program, 1862 Twin Towers East, Atlanta, GA 30334-5040. Be sure that official school transcripts appear after this page, and PSAT/SAT scores are *attached as the final page* of this form.**

**Please retain for your records one copy of each completed student application.**