



*Creating Innovators
of the Future*

MISSOURI INNOVATION ACADEMY

STUDENT APPLICATION FORM

June 5 - June 26, 2010

Missouri State University , Springfield, Missouri
www.missouristate.edu/MIA

Application Information:

1. Postmark deadline date: February 1, 2010. Late applications will not be accepted.
2. Only current sophomores and juniors living in Missouri may apply.
3. Student applicants must have a minimum GPA of 3.0 on a 4.0 scale or be in the upper half of class. Students who do not meet this requirement but show exceptional promise in mathematics, science, business and/or technology may be considered based on recommendations from two teachers and/or community members in those fields.
4. Send completed nomination form to
Dana Frederick, Director
Missouri Innovation Academy
901 S. National, Glass Hall 400
Springfield, MO 65897
Phone: (417) 836-8908

PART I: STUDENT (TO BE COMPLETED BY STUDENT APPLICANT)

SECTION I-A: STUDENT INFORMATION.

Student's Legal Name <small>(Last , First, Middle)</small>	Student's Preferred or Nickname <small>(For use on identification badge)</small>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade <small>(This School Year)</small> <input type="checkbox"/> 10 <input type="checkbox"/> 11	Birth date <small>(MM/DD/YY)</small>
Home Address	City	State	Zip Code	
Home Telephone Number <small>(Area code first)</small>	E-Mail Address	Parent/Guardian Name		
Name of High School	Type of School <input type="checkbox"/> Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Home School	High School Telephone Number <small>(Area code first)</small>		
High School Address	City	State	Zip Code	

SECTION I-B: STUDENT ESSAYS. MUST BE TYPED AND ATTACHED TO APPLICATION. EACH ESSAY SHOULD BE NO MORE THAN ONE PAGE IN LENGTH.

ESSAY #1:

Describe a science fair project, in-class science project or business project that you have completed. What did you learn from this experience?

ESSAY #2:

Why are you interested in participating in this academy?

ESSAY #3:

A good portion of your class time at the Missouri Innovation Academy will be spent in collaborative work. You and your teammates will work together to complete a project within certain parameters. You will work with teachers and fellow students in a way that requires teamwork, compromise, and active participation. In a well-written paragraph, explain to the selection committee how your participation in the collaborative aspect of the Missouri Innovation Academy will benefit you and others. Focus on these questions:

- What kinds of collaborative experiences have you had?
- What have you learned from them?
- What skills and personality traits do you have that make you especially suited for collaborative activities?
- What personal learning and growth do you expect from collaborative activities?

PART II: RECOMMENDING SCHOOL (TO BE COMPLETED BY FACULTY MEMBER, COUNSELOR, AND/OR ADMINISTRATOR. SOLICIT INPUT FROM OTHERS FAMILIAR WITH SPECIFIC ASPECTS OF THE STUDENT'S ABILITIES, IF NECESSARY.)

SECTION II-A: SCHOOL RECORD

Please select only one of the following in support of student's school record. Do not send transcripts. To have a consistent format for GPAs from all schools, the student's grade point average must be based on the 4-point scale that follows, regardless of the scale the school uses: A = 4, B = 3, C = 2, D = 1. GPA is figured for all semesters completed during high school. No extra weight is given to accelerated or honors courses. Plus and minus grades are not to be counted in the computation.

Enter Grade Point Average:

OR

Check here if student is in upper one half of his/her class

OR

If this student does not meet GPA/class standing requirements but shows exceptional promise, check here to indicate that letters of recommendation are attached from two teachers and/or community members with expertise in mathematics, science, business, and/or technology.

Section II-B: EVALUATION

Please note: A student who is not successful in a regular school environment is unlikely to be successful at the Missouri Innovation Academy. Recommend only students who are willing and able to attend and participate fully in the entire Academy.

Please check the appropriate box, using this scale: 1 indicates a low demonstrated ability; 5, a high demonstrated ability. You may attach a separate typed page providing comments or examples to support your evaluation. Include any unusual circumstances in this applicant's life that create a particular need for consideration.

Please check here if you have attached a separate page of comments.

1 (Low ability)	2	3	4	5 (High ability)
Applicant has the ability and desire to cope successfully with advanced concepts, materials and activities.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has a positive attitude about exploring new and different concepts and areas of study, including those in which he or she may not be proficient.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant shows maturity and consideration for others.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has the ability to appreciate and experience the interrelationships between broad areas of mathematics, science, business, and technology.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has demonstrated the ability to meet or exceed expectations of behavior.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant can participate fully in a demanding schedule of activities and classes.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant can use self-directed time wisely.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant is likely to participate fully in collaborative experiences, including student-created projects and presentations.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature Recommending Person		Date	Relationship to Student	

PART IV: UNDERSTANDING/CONSENT FORM (TO BE READ and SIGNED BY PARENT/GUARDIAN AND STUDENT APPLICANT)

This section assures that parents/guardians and applicants fully understand their responsibilities if applicants are selected to attend the Missouri Innovation Academy. Signatures of both student applicants and parents/guardians are required.

1. **I understand** that students may not leave the Missouri Innovation Academy for any other activity and that visitors to the Academy are not allowed. Departures from and visitors to the Academy are disruptive and compromise the safety and security of Academy students. Leaves-of-absence are granted for students only in case of medical or family emergencies. **I consent** to these terms.
2. **I understand** that the Missouri Innovation Academy is publicly funded; and the names, addresses, and school affiliation of students completing the program will become a matter of public record. **I consent** to such information becoming a matter of public record.
3. **I understand** that the student and/or family must arrange transportation to and from the Missouri Innovation Academy, and that students may not bring skateboards, cars, motorcycles, or bicycles. **I consent** to providing transportation to and from the Academy, and at such time Academy officials deem transportation necessary in case of illness, disruptive/non-participatory behavior, or other unforeseen circumstances.
4. **I understand** that Missouri Innovation Academy students may attend Academy-sanctioned events off the Missouri State University campus. **I consent** to my student being transported to selected venues off campus with legal drivers authorized by the Academy.
5. **I understand** that it may be necessary for Missouri Innovation Academy officials to obtain emergency assistance in case of accident or sudden illness and that the parents/guardians of students will be responsible for costs of medical care. **I consent** to emergency treatment of my student during his/her stay at the Academy.
6. **I understand** that Missouri Innovation Academy students will be surveyed regarding Academy classes, activities, administration, and student perceptions. **I consent** to Academy student surveys.
7. **I understand** that students may be interviewed and/or photographed or filmed as part of news coverage or promotion of the Missouri Innovation Academy (including on its website). **I consent** to such interviews, photographs, and film being published or broadcast.
8. **I understand** that work generated at the Missouri Innovation Academy may be shown publicly on the Academy website and in other venues associated with the Academy. Work chosen for this reason will be represented as illustrative of high standards and performance. **I consent** to the public showing of student work associated with the Academy.
9. **I understand** that the Missouri Innovation Academy will establish and enforce reasonable rules necessary to create a safe, healthy, and respectful environment. **I consent** to reasonable rules.

I certify that I have read and understood the foregoing information and consent to its terms and that the information in this application is correct to the best of my knowledge. I hereby consent to my son/daughter's nomination to the Missouri Innovation Academy.

Parent/Guardian Signature	Date
Address, City, State, Zip Code	Work Telephone

I certify that I have read and understood the foregoing information, that the information in this application is correct to the best of my knowledge, and that the work sample I have submitted is mine. I hereby submit my name for nomination to the Missouri Innovation Academy.

Student Applicant's Signature	Date
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Missouri Innovation Academy

Application Process

1. Fill out application
Please visit <http://www.missouristate.edu/MIA>
2. Submit by deadline, February 1, 2010
3. Chosen participants will be notified by March, 15, 2010

Qualifications

- I. Must be a current high school sophomore or junior living in Missouri
- II. Minimum G.P.A. of 3.0 or upper half of class (there may be some exceptions)
- III. No robotics/business experience necessary.

Student Cost

The Missouri Innovation Academy is funded through a grant made possible by Congressman Roy Blunt, the Department of Education, Missouri State University and private donations. Selected students will participate in the three-week program on the Missouri State University campus with food, accommodations, and nightly activities provided at no cost to the participants.

Send completed nomination form to:

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