

MISSOURI INNOVATION ACADEMY

June 10 - June 30, 2012 | Missouri State University, Springfield, Missouri | www.missouristate.edu/MIA

APPLICATION INFORMATION

1. Postmark deadline date: February 15, 2012. Late applications will not be accepted.
2. Only current sophomores and juniors living in Missouri may apply.
3. Applicants must have a minimum GPA of 3.0 on a 4.0 scale or be ranked in the upper half of his/her 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 application form to:
Elizabeth Black, Director
Missouri Innovation Academy
901 S. National Ave., Temple Hall 147
Springfield, MO 65897
Phone: 417.836.4493

PART I: TO BE COMPLETED BY STUDENT APPLICANT

Student Information

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

PART II: TO BE COMPLETED BY PARENT/GUARDIAN

Scholarship Application

Family income verification must be provided when the applicant accepts the invitation to the academy.

The information contained in this application is for the purpose of determining the applicant's eligibility for financial assistance/scholarship in meeting the costs of the academy. All information received is treated confidentially.

Below are the federal government guidelines for eligibility for free and reduced price school meals. Applicants who qualify under these guidelines may apply for additional Missouri Innovation Academy scholarships, even if they have not applied for free or reduced price meals at their schools.

A certification of eligibility will be required when the applicant accepts the invitation to the academy.

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$14,157	\$1,180	\$273	\$20,147	\$1,679	\$388
2	19,123	1,594	368	27,214	2,268	524
3	24,089	2,008	464	34,281	2,857	660
4	29,055	2,422	559	41,348	3,446	796
5	34,021	2,836	655	48,415	4,035	932
6	38,967	3,249	750	55,482	4,624	1,067
Each Add'l	4,966	414	96	7,067	589	136

If you meet these income requirements, please check the appropriate box below:

- My family meets the eligibility guidelines for reduced price school meals, and this applicant may apply for Level 2 scholarships to the Missouri Innovation Academy. I agree to pay the remaining tuition according to the payment schedule upon acceptance of the invitation to the Class of 2012.
- My family meets the eligibility guidelines for free school meals, and this applicant may apply for Level 1 scholarships to the Missouri Innovation Academy. I agree to pay the remaining tuition according to the payment schedule upon acceptance of the invitation to the Class of 2012.

If you have questions regarding determination of eligibility, please call Missouri Innovation Academy Director Elizabeth Black at 417.836.4993.

Parent/Guardian Signature	Date
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PART III: TO BE COMPLETED BY STUDENT APPLICANT

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 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 faculty 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 your response 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 IV: TO BE READ AND SIGNED BY PARENT/GUARDIAN AND STUDENT APPLICANT

Understanding/
Consent Form

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

PART V: TO BE COMPLETED BY A FACULTY MEMBER, COUNSELOR AND/OR ADMINISTRATOR FROM THE RECOMMENDING SCHOOL.

Solicit input from others familiar with specific aspects of the student's abilities, if necessary.

Student's Name	Name of High School
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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	<input type="checkbox"/> Check here if student is in upper one half of his/her class	OR	<input type="checkbox"/> 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.
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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 of Recommending Person		Date	Relationship to Student	