

Center for Creative Scholars NOMINATION & APPLICATION FORM

N	ame of Student
N	<mark>am</mark> e of Parent
C	Phone:
@	Email:
Ø	Age and Grade- T Shirt size
	Address
•	

This form should be completed by the parent. A student does not need all off these characteristics, however these traits are common in gifted learners and useful for a rewarding gifted learning experience

Creative

- Displays a great deal of curiosity
- Constantly asks questions
- Generates a large number of ideas for solutions to problems
- Offers unusual, unique or clever responses
- Is uninhibited in expressions of opinion
- Is sometimes radical and spirited in disagreement
- Displays an unusual keen sense of humor, and sees the humor in situations that others may not
- Is unusually aware of impulses and open to irrational behavior
- Criticizes constructively
- Is unwilling to accept authoritarian responses that lack basis without critical examination
- Is flexible in thought and action

Intellectual

- Uses advanced vocabulary
- Verbal behavior characterized by richness of expression and fluency
- Exhibits large storehouse of information about a variety of topics
- Has rapid insight into cause and effect relationships
- Can make valid generalizations about events people and things
- Is a keen observer; usually sees more and "gets more"
- Becomes absorbed and truly involved in certain topics or problems
- Is interested in global "adult" issues
- Often evaluates &/or passes judgement on situations and events

Leadership

- Is self-confident with children his/her own age as well as adults
- Seems comfortable when asked to show his/her work to others
- Is cooperative with teachers and students alike
- Avoids bickering and complaining
- Can express self well
- Has good verbal facility and is usually understood
- Adapts readily to new situations
- Tends to dominate others when they are around "likes to run the show"
- Prefers to work independently
- Requires little direction
- Is assertive
- Likes to organize and structure things, situations and people

Artistic

- Thinks about art as a way to communicate
- Skilled and comfortable at singing, dancing, drawing, or performing
- Shows ability to infer meaning in images or artistic performances
- Tends to think about art as relating to facts, people events and society
- Prefers art projects over writing
- Makes art at home, sings away from school
- Enjoys singing and being a part of a choir
- Likes to look at art online or in museums
- Is able to criticize constructively when viewing other's art or vocal performance

ls vour child al	lergic to any food or medicatio	on? If so please list:
1 2	y special needs of which we should	be aware? (diet, visual, speech, hearing,
there anything else we	e need to know regarding your child	d?
lease list three emerge	ncy contacts:	
NAME	RELATIONSHIP	PHONE
your child covered un	der an insurance policy?	
nsurance company nam Name of individual who	e and numberis primary on the policy	

Primary Physician Name	
Primary Physician office and number	medical care to my child during his or her
enrollment in the Center for Creative Scholars workshop	•
unusual authority to a medical professional except that	·
medical care to my child while attending the activity or	, ,
Center for Creative Scholars. Parents are informed of ar	
for Creative Scholars should be made aware of any seve	re or chronic medical condition that your child may
have such as asthma, kidney problems, and/or severe for	od allergies; or any severe behavioral conditions.
I understand that should my child need to bring medica	tion to the workshop, it should be sent in the
prescription bottle with the child's name. Permission for	<u> </u>
specific directions the child will be following for	administering the medication must be
included by the parent/guardian.	
I authorize the calling of doctor or other emerge	ency personnel for necessary medical service
at my expense should an emergency arise as de	termined by the Center for Creative Scholars
Staff Supervisor. I hereby give permission for my	
activities through the Center for Creative Schol	ars.
This medical release and consent to participate	statement must be signed and accepted.
	-
Signature of Parent/Guardian	
Printed name and date	
Your phone number	
Total phone number	
Consent to Partic	
	ipate Statement
	to participate in any and all
activities of the workshop. I will not hold the Center	to participate in any and all r for Creative Scholars faculty or staff, nor
activities of the workshop. I will not hold the Cente William Carey University responsible for any accide	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social Scholars & William Carey University.	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social Scholars & William Carey University. Parent signature & date	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social Scholars & William Carey University. Parent signature & date Mail this form with check or money order for:	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information media to promote the Center for Creative
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social Scholars & William Carey University. Parent signature & date Mail this form with check or money order for: \$60 for June Summer STEAM or	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information media to promote the Center for Creative
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social Scholars & William Carey University. Parent signature & date Mail this form with check or money order for:	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information media to promote the Center for Creative \$25 for January STEAM and Sing rey University, 710 William Carey Parkway
activities of the workshop. I will not hold the Center William Carey University responsible for any accide activity therein. I also agree that any data collected collected can be used on radio, television or social scholars & William Carey University. Parent signature & date Mail this form with check or money order for: \$60 for June Summer STEAM or To: Center for Creative Scholars, William Care	to participate in any and all er for Creative Scholars faculty or staff, nor ent or injury incurred during any workshop or &/or photographs or other publicity information media to promote the Center for Creative \$25 for January STEAM and Sing rey University, 710 William Carey Parkway 3, MS 39401. or