# **2024 Summer Residential Governor’s School (SRGS)Visual and Performing Arts ApplicationInformation Page**

   

The Summer Residential Governor’s School for VPA offers classes, workshops, individual/small group activities, lectures, and independent study in a variety of subjects in the visual and performing arts. Students can apply for only one area of study (Visual Art, Dance, Instrumental Music, Vocal Music, or Theatre). Students may have some interdisciplinary classes that focus on the integration of the arts with other disciplines.In these classes, students will be grouped in interdisciplinary teams to study the techniques, materials, media, language, and conventions of that form, related to the program's theme. The focus of study will be the symbiotic relationship between art and society, and the societal and individual opportunities and responsibilities of the thinking artist. Outside reading and preparation for courses is expected of all students. Works in progress by faculty, guest artists, staff, and students are shared in order to enrich individual perceptions related to the arts. For more information, visit the [Governor's School for Visual and Performing Arts](http://www.radford.edu/content/gov-school/home.html) home page.

**Students must key in the data on the first page of this application for clarity and accuracy.**

**An essay is NOT required for the VPA application.**

For division information, please contact the gifted education coordinator whose contact information is available on the [Virginia Department of Education Website](https://www.doe.virginia.gov/).

The Virginia Department of Education does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following position has been designated to handle inquiries regarding the Department’s nondiscrimination policies: Deputy Superintendent – Finance and Operations, Virginia Department of Education, P.O. Box 2120, Richmond, Virginia 23218-2120, (804) 225-2025.

For further information on Federal nondiscrimination regulations, contact the Office of Civil Rights at OCR.DC@ed.gov or call 1 (800) 421-3481.

You may also view Executive Order 1 (2014), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. You may obtain additional information at the Commonwealth of Virginia’s [official website](http://www.virginia.gov/) concerning this equal opportunity policy.

## 2024 SUMMER RESIDENTIAL Governor's SCHOOL (SRGS)Visual and Performing Arts Application

**APPLICANTS MUST KEY THIS PAGE FOR CLARITY AND ACCURACY.**

**I attend** [ ]  Public School [ ]  Private School [ ]  Home School

Applicant Information: Complete all requested information

| **Item** | **Personal Information** | No Data | No Data |
| --- | --- | --- | --- |
| First Name |       | Date of Birth |       |
| Middle Name |       | Nickname |       |
| Last Name |       | Graduation Year |       |
| Mailing Address |       | No Data |       |
| City |       | Virginia ZIP  |       |
| Home Telephone |       | Student’s Email**(NOT school email)** |       |
| Parent’s/Guardian’s Work Phone |       | Parent’s/Guardian’s Email |       |
| Parent’s/Guardian’s Work Phone |       | Parent’s/Guardian’s Email |       |

**High School Information: Complete all requested information.**

| **Item** | **Personal Information** |
| --- | --- |
| High School |       |
| School Address |       |
| City/State/ZIP |       |
| Telephone |       |
| HS Contact Name and Email |       |
| **Public School Students Only** | No Data |
| Division Name |       |

| **VPA Program** | **Applicant Interest (Check one)**  | **Instrumental - Voice, Indicate Specific Area** |
| --- | --- | --- |
| Dance |       |  |
| Instrumental |       |       |
| Theater |       |  |
| Visual Arts |       |  |
| Vocal |       |       |

**Student Statement:**

The decision to apply for Governor's School is my own. I want to participate fully in the program. If selected, I will abide by the rules and expectations explained in the program handbook and all other expectations provided by the program director. The responses contained in this application are my own work and are truthfully offered.

**SIGNATURE OF APPLICANT DATE**

**For Official Use Only by Gifted Education Coordinator: Indicate student's score and rank.**

**Score (from page 8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(round to the nearest hundredth)**

| Applicant's Full Name |  |
| --- | --- |

**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE**

**Training**

Beginning with the most recent, list training you have received **during the** **past three years** **in your art** **discipline**. Include the type of study, the name of the teacher or the school, or the name of the company. If you need more space, attach a second sheet.

| Type of Study | Time Involved | Year |
| --- | --- | --- |
|  *Example: Ballet/Virginia Dance School* | *2 hours per week/16 weeks* | *2015-16* |
| 1.
 |       |       |
| 1.
 |       |       |
| 1.
 |       |       |

**Experience**

Beginning with the most recent, list all of your performances or exhibitions **during the past three years in your art discipline**. Include the performanceor exhibition and year; name of group, exhibition, contest, teacher, choreographer; and your role/part.If you need more space, attach a second sheet.

| Study/Brief Description | Teacher | Role/Part |
| --- | --- | --- |
|  *Example: The Phantom Toll Booth/ Play On! Theater/2014* | *Grey Robertson* | *The Terrible Trivium* |
| 1.
 |       |       |
| 1.
 |       |       |
| 1.
 |       |       |

Honors/Recognitions

In this section, please list the three **most significant honors/recognitions you have received during the last three years in your area of interest**.

| Honor/Recognition | Level of Competition – Regional, State, National, International | Year |
| --- | --- | --- |
| *Example: Reflections – Regional PTA Juried Exhibit – 1st Place Visual Arts* | *Regional* | *2015* |
| 1.
 |  |  |
| 1.
 |  |  |
| 1.
 |  |  |

| Applicant's Full Name |  |
| --- | --- |

**ALL APPLICANTS AND PARENT/GUARDIAN MUST COMPLETE INFORMATION ON THIS PAGE**

### Applicant and Parent/Guardian Assurances

I, the parent/guardian of , permit my son/daughter, if selected, to participate in the 2024 Summer Residential Governor's School. I realize that transportation to and from the Governor's School and spending money for personal expenses must be provided by the participants. I understand that if selected for the program, he/she must abide by the rules and expectations set forth for the school. I further agree that I have been duly informed that **LEAVES OF ABSENCE** from these programs are allowed only for **SEVERE CASES OF MEDICAL AND/OR FAMILY EMERGENCIES**. Medical and family emergencies include major illness, hospitalization, or death of an immediate family member or guardian. I also understand that failure to participate in the programs, or unwillingness to abide by the rules and expectations, may be just cause for immediate dismissal.

**SIGNATURE OF PARENT/GUARDIAN DATE**

Both student and parent/guardian must initial after having read the following assurances. These constitute the expectations for students who apply or accept invitations to the summer residential governor's school program.

| StudentInitials | Parent orGuardianInitials | Assurances |
| --- | --- | --- |
| No Data | No Data | I understand that leaves of absence are granted ONLY in the case of medical or family emergencies as described above. Participants are expected to arrive at the site by the opening ceremony, indicated in the *2024 Student and Parent Guide for Governor's Schools*, and remain at the site through the closing ceremony. |
| No Data | No Data | I understand that the programs require concerted academic focus, preparation, and motivation from all participants and that participants are expected to demonstrate the emotional maturity and self-discipline to participate in the activities and to demonstrate respect for self, others, program, and school. |
| No Data | No Data | I understand that participants will be expected to follow the rules and expectations outlined in the *2024 Student and Parent Guide for Governor's Schools*, and any other instructions provided by the program director. These rules and expectations have been thoroughly read and are understood. |
| No Data | No Data | I understand that each nominee and division gifted education coordinator/private school regional coordinator will be mailed acceptance and alternate information by mid-April 2024, and that no information will be available before that date. |
| No Data | No Data | I understand that possession of tobacco or alcohol, weapons, or nonprescription drugs will result in the participant's immediate dismissal from the program and that participants are also subject to any disciplinary action that the sponsoring school division or private school chooses to invoke. Certain infractions may also result in legal consequences as outlined in the *Code of Virginia*. |
| No Data | No Data | I understand that previous participants of any Summer Residential Governor's School program (including Governor's Foreign Language Academies) shall not apply for or participate in the Summer Residential Governor's School program; and I am not applying for a 2024 Governor's Foreign Language Academy or for another Summer Residential Governor’s School. |
| No Data | No Data | I certify that I am a resident of the Commonwealth of Virginia and eligible for a free, public education in the Commonwealth. |
| No Data | No Data | **I understand failure to provide complete and accurate medical, mental health, and prescription information may result in immediate dismissal from the program.** |
| No Data | No Data | I understand that I waive my rights to review and inspect my child’s application and score sheet for the Summer Residential Governor’s School program. |
| No Data | No Data | I certify that these are my truthful responses to these assurances. |

| Applicant's Full Name |  |
| --- | --- |

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER**

### Teacher Recommendation A

This recommendation should be made by a person who is a current or recent art-discipline teacher in an appropriate class that closely relates to the student's field of interest. There are two required parts to the recommendation: a rating scale and a narrative.

Rating Scale Teacher A

1. What course or program of studies has the student taken under your supervision? In what year(s)?

1. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

**0=Good (Above Average) 1=Excellent (Top 10 Percent) 2=Outstanding (Top 2-3 Percent)**

| No Data | **Quality** | **Score** |
| --- | --- | --- |
|  | Originality: Develops new art concepts and ideas | No Data |
|  | Fluency: Generates numerous solutions | No Data |
|  | Flexibility: Thinks about ideas in new ways | No Data |
|  | Elaboration: Expands or enhances artistic ideas | No Data |
|  | Initiative: Explores new methods/theories in art form | No Data |
|  | Commitment: Demonstrates substantial interest in art form | No Data |
|  | Involvement: Practices high levels of activity in art form | No Data |
|  | Ability: Demonstrates expertise in art form | No Data |
|  | Willingness to accept ideas of others and contribute to a group process | No Data |
|  | Emotional stability, maturity, and self-discipline | No Data |
|  | Openness to new experiences | No Data |
|  | Cooperative behavior | No Data |
|  | Respect and tolerance for the views of others | No Data |
| No Data | **Subtotal A (out of 26 points)** | No Data |

**Narrative Teacher A**

Teachers, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

| Signature of Teacher | Printed Name | Date |
| --- | --- | --- |
| No Data | No Data | No Data |
| Email Address | Phone # | No Data |

| Applicant's Full Name |  |
| --- | --- |

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER**

### Adult Recommendation B

This recommendation must be completed by any teacher/instructor/advisor/adult (outside of the student's family) who is familiar with the student’s work. There are two required parts to the recommendation: a rating scale and a narrative.

Rating Scale Adult B

1. What course or program of studies has the student taken under your supervision? In what year(s)?

1. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

**0=Good (Above Average) 1=Excellent (Top 10 Percent) 2=Outstanding (Top 2-3 Percent)**

| No Data | **Quality** | **Score** |
| --- | --- | --- |
|  | Originality: Develops new art concepts and ideas | No Data |
|  | Fluency: Generates numerous solutions | No Data |
|  | Flexibility: Thinks about ideas in new ways | No Data |
|  | Elaboration: Expands or enhances artistic ideas | No Data |
|  | Initiative: Explores new methods/theories in art form | No Data |
|  | Commitment: Demonstrates substantial interest in art form | No Data |
|  | Involvement: Practices high levels of activity in art form | No Data |
|  | Ability: Demonstrates expertise in art form | No Data |
|  | Willingness to accept ideas of others and contribute to a group process | No Data |
|  | Emotional stability, maturity, and self-discipline | No Data |
|  | Openness to new experiences | No Data |
|  | Cooperative behavior | No Data |
|  | Respect and tolerance for the views of others | No Data |
| No Data | **Subtotal A (out of 26 points)** | No Data |

**Narrative Adult B**

Recommender, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for academic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

| Signature of Adult | Printed Name | Date |
| --- | --- | --- |
| No Data | No Data | No Data |
| Email Address | Phone # | No Data |

| Applicant's Full Name |  |
| --- | --- |

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY APPROPRIATE SCHOOL AND DIVISION PERSONNEL**

### Principal/Head of School Recommendation

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I recommend this applicant.

| No Data |        | No Data |
| --- | --- | --- |
| Signature of Principal/Head of School  | Printed Name | Date |
|       |        | No Data |
| School Name  | Public School LEA Number  | No Data |

**Gifted Education Coordinator/Private School Regional Coordinator Recommendation**

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I further certify that the nominee’s attendance and discipline records have been reviewed and that information has been taken into appropriate consideration. I thereby recommend this student for consideration.

| No Data |        | No Data |
| --- | --- | --- |
| Signature of Gifted Education or Private School Regional Coordinator  | Printed Name | Date |
|       |        | No Data |
| Name of School Division  | Private School Region | No Data |
|       |        | No Data |
| Email Address  | Telephone | No Data |

**Division/Regional Selection Committee Date of Meeting:**

| No Data | Name | Position |
| --- | --- | --- |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |
|  | No Data | No Data |

| Applicant's Full Name |  |
| --- | --- |

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE GIFTED EDUCATION OR**

**PRIVATE SCHOOL REGIONAL COORDINATOR**

### 2024 Summer Residential Governor’s School VPA Scores Page

Art Discipline: **[ ]** Dance **[ ]** Instrumental Music **[ ]** Vocal Music **[ ]** Theatre **[ ]** Visual Art

 Instrument:       Part:

1. **Statewide Adjudication**

**TOTAL I: (**      **Adjudicator A) + (**      **Adjudicator B) =**       **(72 max)**

1. **Career Highlights: Activities, Research, & Honors**

1 or 2 points possible per training/experience; no more than 3 of the possible 6 items may be counted to total only 6 points.  (6 max)

1 or 2 points possible per honor/recognition; no more than 3 may be counted to total only 3 points  (3 max)

**TOTAL I: (      Training/Experience) + (      Honors/recognition) =       (9 max)**

1. **Teacher/Adult Recommendations**

**Rating Scale:**

[Teacher A       (26 max) + Adult B       (26 max)] **divided by** 2 =       (26 max)

**Narrative Evaluation:**

Teacher A       (6 max) + Adult B       (6 max.) =       (12 max)

**TOTAL III: [(      Rating Scale) + (      Narrative)] divided by 2 =       (19 max)**

**GRAND TOTAL: (Add Totals of Parts I + II + III) =**

***Round to the nearest hundredth; e.g., 92.36*  (100 max)**