Thank you for your interest in the GovsPLUS program! GovsPLUS (Powerful Learners Unlocking Success) is a tuition-free academic enrichment program that partners The Governor’s Academy with motivated middle school students from Lawrence with the goal of helping all students reach their potential in and outside of the classroom. GovsPLUS scholars work to strengthen their academic skills, build their self-confidence, and participate in formative service and experiential learning opportunities.

The GovsPLUS program begins with a five-week summer session that will run **Monday through Friday from June 24 to July 26, 2019** on The Governor’s Academy campus in Byfield, MA. There is **NO COST** for students to attend. All books, supplies, meals, and bus transportation will be provided. The bus will pick students up daily between 7:30 and 8:00 a.m. in Lawrence and will return home between 3:30 and 4:00 p.m.

Any current 7th or 8th grade student from Lawrence who is ambitious, capable, and who can reliably attend GovsPLUS with a positive attitude is encouraged to apply. If you have any questions, please contact GovsPLUS Director, Michelle de la Guardia, by phone at 978.499.3098 or by email at mdelaguardia@govsacademy.org. Further information can also be found on the GovsPLUS website: www.thegovernorsacademy.org/govsplus

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Application – Please Complete, Sign, & Submit

☐ I. Student Information
☐ II. Family Information
☐ III. Student Questionnaire
☐ IV. Student Essay

Required Documents – Please Have Student’s School Complete & Submit

☐ Teacher Recommendation
☐ Copy of School Transcript

Other

☐ Interview  
(Note: Once the completed application is received, GovsPLUS will schedule short interviews with students at their school.)

➢ Application Deadline & Submission Information

Completed applications are due by **5:00 PM on Monday, March 18, 2019**. Applications and supporting documents can be submitted to Ms. De la Guardia, Director of GovsPLUS, by email to mdelaguardia@govsacademy.org or by mail to: GovsPLUS Program  
1 Elm Street  
Byfield, MA 01922
I. Student Information

Name of Applicant: ______________________________________________________________________

Gender: Male ____________  Female ____________  Current Grade: 7th _________  8th ___________

Current School: ______________________________  School Next Year ('19-'20): ____________________

Date of Birth: _________/__________/___________  Birth City/State/Country: _____________________

Home Address: _________________________________________________________________________

Home Phone: ___________________________________  Cell Phone: _____________________________

Email Address: _________________________________________________________________________

Race/Ethnicity:

☐ American Indian / Alaskan Native  ☐ White / Caucasian

☐ Asian / Asian American  ☐ Multiracial

☐ Black / African / African American  ☐ Other: _________________________________________

☐ Hispanic / Latino

Language(s) Spoken at Home: _________________________________________________________________________

II. Family Information

Parent/ Guardian 1  Parent/Guardian 2

Relationship to Student: _______________________  Relationship to Student: _____________________

Name: _____________________________________  Name: ____________________________________

Address, Apt #: ______________________________  Address, Apt #: _____________________________

City/State/Zip: ______________________________  City/State/Zip: ______________________________

Home Phone: _______________________________  Home Phone: ______________________________

Cell Phone: _________________________________  Cell Phone: ________________________________

Work Phone: ________________________________  Work Phone: ______________________________

Email: _____________________________________  Email: ____________________________________

Parent’s Language: __________________________  Parent’s Language: __________________________

Parent’s Occupation: _________________________  Parent’s Occupation: _________________________

Parent’s Employer: __________________________  Parent’s Employer: __________________________

III. Student Questionnaire – to be completed by the student

• What three phrases or adjectives best describe you?
  1. ____________________________________________________________
  2. ____________________________________________________________
  3. ____________________________________________________________

• What is your favorite subject in school? What do you like about that subject?
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

• What academic achievement are you most proud of? Why?
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

• What do you like to do outside of school? Describe your interests and involvement in extracurricular activities (ex: visual/performing arts, sports, community service, clubs, etc).
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

• Why are you interested in joining the GovsPLUS program this summer?
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
• Perfect attendance is very important in a program as short as GovsPLUS. If selected, will you be able to attend GovsPLUS EVERY weekday from June 24 - July 26? Yes ________ No _________

If no, please list the dates you cannot make it and explain why:

________________________________________________________________________________________
________________________________________________________________________________________

IV. Student Essay – to be completed by the student

In a short essay, please address the following question:
• Tell us about a time when you felt out of your comfort zone or experienced something new for the first time. How did you react to the situation?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Student _____________________________________ Date _________________

Signature of Parent/Guardian _________________________________ Date ________________________

The Governor’s Academy and the GovsPLUS program do not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin in or any other category protected under state or federal law.
Teacher Recommendation

Name of Applicant: _________________________________       Current Grade: 7th _________ 8th _________

To the Teacher: The above student is applying to GovsPLUS, a tuition-free academic enrichment program for motivated middle school students from Lawrence, MA hosted by The Governor’s Academy. We appreciate your honest and candid feedback about this student. Also, please make sure you or the student sends a copy of their most recent transcript with their application. Thank you!

Teacher’s Name:  ___________________________________ School/Subject(s): ___________________
Email Address: _____________________________________ Phone: ____________________________

• How long have you known this student and in what capacity?
________________________________________________________________________________________
• Please circle the response that best suits the student in relation to other students you teach.

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<th></th>
<th>Outstanding (Top 10%)</th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
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<tr>
<td>Works well with others</td>
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<td>2</td>
<td>1</td>
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• If the student is particularly strong OR weak in any areas listed above, please elaborate.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
GovsPLUS Summer 2019
Student Application

• What are the first three words or phrases that come to mind to describe this student?
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

• Please comment on the student’s character, citizenship, and contributions to your community.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• Please include any additional information that provides a more complete picture of the student.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• I recommend this student to the GovsPLUS program:
  □ With great enthusiasm        □ With reservation
  □ With confidence              □ I do not recommend
  □ With some confidence

Signature of Teacher ___________________________________ Date ________________________

➢ This recommendation and a copy of the student’s most recent transcript should be submitted with a
  completed application to Ms. de la Guardia, Director of GovsPLUS, by 5:00 PM on Monday, March 18, 2019.
  Applications can be emailed to mdelaguardia@govsacademy.org or mailed to: GovsPLUS Program
  1 Elm Street
  Byfield, MA 01922