Thank you for your interest in applying to The Governor’s Academy.

If you have any questions about the application process, please feel free to call us at 978.499.3120 or email us at admissions@govsacademy.org at any time.

There are certain requirements that need to be fulfilled in order to be considered for admission. The day student application deadline is January 15, and the deadline for boarding applications is January 31. Candidates who apply after the deadlines will be considered on a rolling basis, as space permits. We have included the following checklist to assist you.

- Complete and return the Application Part 1: Pre-Application. We should receive this prior to scheduling your personal interview and tour.

- Schedule a personal interview and tour of the campus through the Office of Admission at 978.499.3120. Appointments may be scheduled Monday through Friday during the academic day. If distance precludes a visit to campus, please contact us and we can make alternative arrangements.

- Register for the October, November, December, and/or January Secondary School Admission Test (SSAT). Information may be obtained on their website, www.ssat.org. Our SSAT score reporting code is 3466. We also will accept the Independent School Entrance Examination (ISEE) offered by the Education Records Bureau in New York, www.iseetest.org.

- Non-native English speakers must submit the results of the Test of English as a Foreign Language (TOEFL). Registration information can be obtained at www.ets.org. Our TOEFL score reporting code is 8419.

- Complete and return the Application Part II: Student Questionnaire, along with the required fee of $60.00 for applicants with a permanent U.S. mailing address or $125.00 for applicants with a permanent international mailing address. For families who can prove “demonstrated need,” please contact our office regarding an admission application fee waiver.

- Parents should sign the Transcript Release Form and give it to the candidate’s current principal, head of school, or guidance counselor in order to have the official transcript sent to our office directly from the applicant’s current school.

- Print or type the candidate’s name on the following:
  - Current English Teacher Recommendation
  - Current Mathematics Teacher Recommendation
  - Personal Recommendation
  - Optional Special Interest Recommendation

  After your first marking period, present these, along with a stamped return envelope, to the appropriate persons. Additional copies of these forms can be downloaded from our website, www.thegovernorsacademy.org/application.

- Candidates applying for need-based financial aid must complete and submit all necessary documents, which are available upon request through the Office of Admission. These documents can also be found online at http://sss.nais.org. All financial aid materials are due by January 31.

Our office will send you an acknowledgement when your application is complete. Admission decision letters will be mailed on March 10.

Thank you again for your interest in The Governor’s Academy.

Sincerely,

Michael Kinnealey
Director of Admission
**APPLICATION PART I: PRE-APPLICATION**

**PARENT(S)/GUARDIAN(S):** Please complete this form and return to Office of Admission, The Governor’s Academy, One Elm Street, Byfield, MA 01922.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Name: First</th>
<th>Middle</th>
<th>Last</th>
<th>Prefers to be called</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (if different from parent)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

**Gender:**  
- [ ] male  
- [ ] female  

**Citizen of:** ____________________________________________  
**Native language:**  
- [ ] English  
- [ ] other ____________________________________________

**Ethnicity (optional):**  
- [ ] African-American/Black  
- [ ] Asian/Asian-American  
- [ ] Bi-Racial/Multi-Racial  
- [ ] European-American/Caucasian  
- [ ] Latino/Hispanic  
- [ ] Middle Eastern American  
- [ ] Native American

<table>
<thead>
<tr>
<th>Age</th>
<th>Date of birth (month, day, year)</th>
<th>Place of birth</th>
</tr>
</thead>
</table>

**Applying for admission for September 20____**  
**Current grade:**  
- [ ] 8  
- [ ] 9  
- [ ] 10  
- [ ] 11  

**Applying for grade:**  
- [ ] 9  
- [ ] 10  
- [ ] 11  
- [ ] 12  

**Applying as:**  
- [ ] boarding  
- [ ] day

**Do you plan to apply for financial aid?**  
- [ ] yes  
- [ ] no  

*If you leave this question blank, we will assume you are not an applicant for financial aid.*

**EDUCATION**

<table>
<thead>
<tr>
<th>Current school name</th>
<th>Current school address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Guidance counselor, placement counselor, or head of school’s name</th>
</tr>
</thead>
</table>

**School type:**  
- [ ] public  
- [ ] independent  
- [ ] parochial  
- [ ] charter  
- [ ] foreign  
- [ ] home-school  
- [ ] international  
- [ ] other ____________________________________________

**FAMILY INFORMATION**

<table>
<thead>
<tr>
<th>Name of parent or guardian 1</th>
<th>Name of parent or guardian 2</th>
</tr>
</thead>
</table>

**please include prefix (Mr., Ms., Mrs., Dr., etc.) and/or suffix (Jr., Sr., II, III, Ph.D., etc.)**

<table>
<thead>
<tr>
<th>Mailing Address</th>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

**Home phone**  
**Mobile phone**

**Email address(es)**

**Occupation/job title**

**Employer**

**Work phone**

**Step-parent’s name (if applicable)**

For mailing purposes, please indicate with whom the applicant primarily resides:  
- [ ] both parents  
- [ ] mother  
- [ ] father  
- [ ] stepmother  
- [ ] stepfather  
- [ ] other

- [ ] married  
- [ ] separated  
- [ ] divorced  
- [ ] never married  
- [ ] father deceased  
- [ ] mother deceased

If parents are not living together, who is the custodial parent?  
- [ ] mother  
- [ ] father  
- [ ] both  
- [ ] other

**Correspondence should be sent to:**  
- [ ] both parents  
- [ ] father  
- [ ] mother  
- [ ] other

**Bill and fees should be sent to:**  
- [ ] both parents  
- [ ] father  
- [ ] mother  
- [ ] other

**Address**

**Relationship to applicant**

<table>
<thead>
<tr>
<th>Address</th>
<th>Relationship to applicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>State</th>
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</table>

**Employer**

**Work phone**

**Step-parent’s name (if applicable)**

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- [ ] Latino/Hispanic  
- [ ] Middle Eastern American  
- [ ] Native American

**Native language:**  
- [ ] English  
- [ ] other ____________________________________________

**Applying for admission for September 20____**  
**Current grade:**  
- [ ] 8  
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- [ ] 11  

**Applying for grade:**  
- [ ] 9  
- [ ] 10  
- [ ] 11  
- [ ] 12  

**Applying as:**  
- [ ] boarding  
- [ ] day

**Do you plan to apply for financial aid?**  
- [ ] yes  
- [ ] no  

*If you leave this question blank, we will assume you are not an applicant for financial aid.*

**EDUCATION**

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- [ ] public  
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**Home phone**  
**Mobile phone**

**Email address(es)**

**Occupation/job title**

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**Work phone**

**Step-parent’s name (if applicable)**

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- [ ] separated  
- [ ] divorced  
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- [ ] mother  
- [ ] other

**Address**

**Relationship to applicant**

<table>
<thead>
<tr>
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<th>Relationship to applicant</th>
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</table>
APPLICATION PART I: PRE-APPLICATION

INTERESTS

Academic – please list academic subject(s) of great interest:
________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________

Athletic – please describe participation:

<table>
<thead>
<tr>
<th>SPORT</th>
<th>TEAM NAME</th>
<th>YEAR(S) OF EXPERIENCE</th>
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<th>YEAR(S) OF EXPERIENCE</th>
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Visual and Performing Arts – please describe participation:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>SCHOOL OR OUTSIDE GROUP?</th>
<th>YEAR(S) OF EXPERIENCE</th>
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<th>SCHOOL OR OUTSIDE GROUP?</th>
<th>YEAR(S) OF EXPERIENCE</th>
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OPTIONAL PARENT STATEMENT

If there is any additional information you believe would be helpful for the admission committee to know, please describe on a separate sheet.

ADDITIONAL INFORMATION

Please list names of applicant’s brothers and sisters, their ages, schools or colleges they now attend, and their grade/year in school:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SCHOOL</th>
<th>GRADE/YEAR</th>
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</table>

Please list names of relatives who have attended The Governor’s Academy:

<table>
<thead>
<tr>
<th>NAME</th>
<th>YEAR GRADUATED</th>
<th>RELATIONSHIP TO APPLICANT</th>
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STATEMENT OF CONFIDENTIALITY

In consideration of the undertaking by the Office of Admission to process this form, the undersigned agrees that the information furnished on this application, together with all information and materials of any kind received by the Office of Admission from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except that the Director of Admission may, for official purposes in his discretion, disclose any part or all thereof to such person or persons he deems advisable.

Signature of parent or guardian        Date

The Governor’s Academy seeks a diverse group of students whose differing interests, backgrounds and talents combine to form a unique, dynamic and balanced class. The Governor’s Academy actively seeks out a student body that is racially, geographically, and socioeconomically diverse and welcomes applicants from all backgrounds. Differences in educational opportunities and individual circumstances are taken into consideration in the decision process. The Governor’s Academy does not discriminate on the basis of race, religion, gender, sexual orientation, or national or ethnic origin in admission or in the administration of other school programs.
A nonrefundable application fee of $60.00 for applicants with a permanent U.S. mailing address or $125.00 for applicants with a permanent international mailing address must accompany this form and be made payable to The Governor’s Academy. Please do not send cash.

TO THE PARENT

This section should be filled out by the parent.

Applicant’s name:  First  Middle  Last  Prefers to be called

Age  Date of birth (month, day, year)  Place of birth

Gender:  ☐ male  ☐ female

Applying for admission for September 20____  Current grade:  ☐ 8  ☐ 9  ☐ 10  ☐ 11  Applying for grade:  ☐ 9  ☐ 10  ☐ 11  ☐ 12  Applying as:  ☐ boarding  ☐ day

Do you plan to apply for financial aid?  ☐ yes  ☐ no  If you leave this question blank, we will assume you are not an applicant for financial aid.

TO THE APPLICANT

The remainder of this form should be filled out by the candidate.

Sometimes, it is important to be able to synthesize your thoughts while still conveying meaning to another person. Please write a complete story in 140 characters, or fewer.

Hopefully, you had a heartfelt smile or a good laugh at some point in this admission process at The Governor’s Academy. Given that all involved in this enterprise experience some stress, we would welcome the chance to hear a humorous story or your favorite joke.

So much of what we consider “character” emanates from our prioritization of values. What do you value most, and why?

If we visited your social media page, what three adjectives would we ascribe to you from what we found there? If you do not have a social media page, after a conversation with your best friend about you, what three descriptive adjectives would we use to describe you?
If you had the chance to ask a question of any person in history, who would you want to be with and what question would you ask? If you would like to speculate on the person’s answer, you are welcome to do so.

While the teachers at Govs are responsible for leading the educational process, please tell us of a time when you taught something of substance to another person.

Students at The Governor’s Academy are encouraged to balance academic and co-curricular life. Below please indicate the athletic and artistic pursuits that you have been involved in over the past several years. Please feel free to use an attached sheet to answer this question.

<table>
<thead>
<tr>
<th>SPORT AND/OR ACTIVITY</th>
<th>TEAM(S)/LEVEL (TOWN, CLUB, RECREATIONAL) AND/OR ART/MUSIC/DRAMA/DANCE</th>
<th>DATES OF PARTICIPATION</th>
</tr>
</thead>
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</table>

AWARDS/HONORS

ESSAYS – Please choose one of the essay topics below.

Our motto, *Non sibi sed aliis*—not for self, but for others—reflects our belief that individuals who wish to make a difference in this society must balance the pursuit for excellence with an instinct for generosity. Please describe a time when you were able to make a sacrifice for the good of others.

Please choose a topic that you are passionate about—whether it comes from your personal life or your interest in broader topics—and persuade the admission committee of your position on the subject.

Please send a multimedia piece of no more than three minutes that would help us to better understand your intellectual thought process and/or your character.
ABOUT THE GOVERNOR’S ACADEMY. The Governor’s Academy, a coeducational boarding and day school located 33 miles north of Boston, Massachusetts, was founded in 1763, and is America’s oldest boarding school. It is entrusted with the dual roles of preparing students for selective colleges and furthering their growth as individuals in order to better enable them to lead purposeful and productive lives. The successful applicant to The Governor’s Academy is a well-rounded, highly motivated student who has demonstrated ability, promise, and character—a student who will both gain from the Academy experience and contribute to it.

TO THE APPLICANT

Please type or print your name in the space below. Provide this form to your current English teacher, along with a stamped envelope addressed to: Office of Admission, The Governor’s Academy, 1 Elm Street, Byfield, MA 01922.

Name of student

Applicant to grade

Signature

Date

TO THE TEACHER

This form is a modification of the Common Recommendation Form as developed by The Association of Boarding Schools. To download an original form and for a list of schools accepting the Common Recommendation Form, visit www.schools.com/forms. Please complete this form and return it to us within two weeks, if possible. This recommendation will remain confidential and will not become part of the student’s permanent record.

Teacher’s name (please print)

Title

Name of student

School

How well do you know the student academically? As a person?

In what years did you teach the student? How large is the class?

What course(s)? Is the student on a block schedule? □ yes □ no

Is this course part of a tracking system or designated as an honors or accelerated course? □ yes □ no

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? (Please be specific about areas of strength and weakness.)
ENGLISH TEACHER RECOMMENDATION FORM (CONTINUED)

STUDENT EVALUATION

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught.

<table>
<thead>
<tr>
<th></th>
<th>ONE OF THE TOP FEW I HAVE ENCOUNTERED</th>
<th>EXCELLENT (TOP 10%)</th>
<th>GOOD (ABOVE AVERAGE)</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic potential</td>
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<tr>
<td>Academic achievement</td>
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<tr>
<td>Intellectual curiosity</td>
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<td>Effort/Determination</td>
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<td>Ability to work independently</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Creativity</td>
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<tr>
<td>Willingness to take intellectual risks</td>
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<tr>
<td>Concern for others</td>
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<tr>
<td>Honesty/Integrity</td>
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<tr>
<td>Self-esteem</td>
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<tr>
<td>Maturity (relative to age)</td>
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<td>Responsibility</td>
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<tr>
<td>Respect accorded by faculty</td>
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<tr>
<td>Respect accorded by peers</td>
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<tr>
<td>Emotional stability</td>
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<tr>
<td>Willingness to accept advice or criticism</td>
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<tr>
<td>Overall evaluation as a person</td>
<td></td>
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<tr>
<td>Overall evaluation as a student</td>
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</tbody>
</table>

What are the first three words that come to mind to describe this student?  
1. ________________________________________________________________  
2. ________________________________________________________________  
3. ________________________________________________________________

If the student is relatively weak or strong in any areas listed above, please elaborate.

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

Please include any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student’s application.

_________________________________________________________  
Signature                                                   Date

_________________________________________________________  
Mailing address

_________________________________________________________  
Email address                                                   Telephone
ABOUT THE GOVERNOR’S ACADEMY  The Governor’s Academy, a coeducational boarding and day school located 33 miles north of Boston, Massachusetts, was founded in 1763, and is America’s oldest boarding school. It is entrusted with the dual roles of preparing students for selective colleges and furthering their growth as individuals in order to better enable them to lead purposeful and productive lives. The successful applicant to The Governor’s Academy is a well-rounded, highly motivated student who has demonstrated ability, promise, and character—a student who will both gain from the Academy experience and contribute to it.

TO THE APPLICANT

Please type or print your name in the space below. Provide this form to your current mathematics teacher, along with a stamped envelope addressed to: Office of Admission, The Governor’s Academy, 1 Elm Street, Byfield, MA 01922.

Name of student
Applicant to grade

Signature
Date

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Teacher’s name (please print)
Title

Name of student
School

How well do you know the student academically?
As a person?

In what years did you teach the student?
How large is the class?

What course(s)?
Is the student on a block schedule? □ yes □ no

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Next year, what mathematics course would be the most appropriate for the student?

Is this course part of a tracking system or designated as an honors or accelerated course? □ yes □ no

STUDENT’S MATHEMATICAL BACKGROUND  The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. If your school does not follow this sequence, please attach your curriculum. Please check those courses or list others which the student will have completed by the end of the current school year.

- □ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- □ First Year Algebra (a thorough course that includes quadratics)
- □ Geometry
- □ Second Year Algebra (not including trigonometry)
- □ Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- □ Pre-Calculus (including analytical trigonometry)
- □ Calculus (an introduction)
- □ Calculus (Advanced Placement AB)
- □ Calculus (Advanced Placement BC)
STUDENT EVALUATION
Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught.

<table>
<thead>
<tr>
<th></th>
<th>ONE OF THE TOP FEW I HAVE ENCOUNTERED</th>
<th>EXCELLENT (TOP 10%)</th>
<th>GOOD (ABOVE AVERAGE)</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of the basic skills</td>
<td>☐</td>
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<tr>
<td>Accuracy in the use of basic skills</td>
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<tr>
<td>Problem-solving ability</td>
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<tr>
<td>Reasoning ability</td>
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<tr>
<td>Understanding of underlying ideas and concepts</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Overall performance</td>
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<tr>
<td>Willingness to accept the challenge of difficult problems</td>
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<tr>
<td>Command of mathematics relative to other students</td>
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<tr>
<td>Academic potential</td>
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<tr>
<td>Academic achievement</td>
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<tr>
<td>Intellectual curiosity</td>
<td>☐</td>
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<tr>
<td>Effort/Determination</td>
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<td>Ability to work independently</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Creativity</td>
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<tr>
<td>Willingness to take intellectual risks</td>
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<tr>
<td>Concern for others</td>
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<tr>
<td>Honesty/Integrity</td>
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<tr>
<td>Self-esteem</td>
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<tr>
<td>Maturity (relative to age)</td>
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<td>Responsibility</td>
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<td>Respect accorded by faculty</td>
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<tr>
<td>Respect accorded by peers</td>
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<td>Emotional stability</td>
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<tr>
<td>Willingness to accept advice or criticism</td>
<td>☐</td>
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<tr>
<td>Overall evaluation as a person</td>
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<tr>
<td>Overall evaluation as a student</td>
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</tbody>
</table>

What are the first three words that come to mind to describe this student? 1. ____________________________
2. ____________________________
3. ____________________________

If the student is relatively weak or strong in any areas listed above, please elaborate.

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

Please include any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student’s application.

Signature ___________________________________________________________________________ Date __________

Mailing address _______________________________________________________________________

Email address _______________________________________________________________________

Telephone ___________________________________________________________________________
ABOUT THE GOVERNOR’S ACADEMY  The Governor’s Academy, a coeducational boarding and day school located 33 miles north of Boston, Massachusetts, was founded in 1763, and is America’s oldest boarding school. It is entrusted with the dual roles of preparing students for selective colleges and furthering their growth as individuals in order to better enable them to lead purposeful and productive lives. The successful applicant to The Governor’s Academy is a well-rounded, highly motivated student who has demonstrated ability, promise, and character—a student who will both gain from the Academy experience and contribute to it.

TO THE APPLICANT

Please type or print your name in the space below. Provide this form to an adult outside of your family who knows you well, such as a coach, an activity leader, a neighbor, or another classroom teacher, along with a stamped envelope addressed to: Office of Admission, The Governor’s Academy, 1 Elm Street, Byfield, MA 01922.

Name of student

Applicant to grade

Signature

Date

TO THE PERSON COMPLETING THIS FORM

This student is applying for admission to The Governor’s Academy. Your comments will be helpful in our evaluation of the candidate. Please be as complete and candid as possible. Your remarks will remain strictly confidential.

Briefly describe your relationship to the applicant.

How long have you known the applicant?

In what other areas (e.g., art, drama, music, sports, employment, guidance, other) have you had contact with the applicant?

What adjectives or phrases first come to mind in describing the applicant?

PERSONAL QUALITIES

Please evaluate the applicant in the following areas by placing a check in the appropriate column.

<table>
<thead>
<tr>
<th>PERSONAL QUALITIES</th>
<th>ONE OF THE TOP FEW I HAVE ENCOUNTERED</th>
<th>EXCELLENT (TOP 10%)</th>
<th>GOOD (ABOVE AVERAGE)</th>
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<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGMENT</th>
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</thead>
<tbody>
<tr>
<td>Leadership potential</td>
<td>□</td>
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<tr>
<td>Work ethic</td>
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<td>Conduct</td>
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<td>Dependability</td>
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<td>Relations with peers</td>
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<tr>
<td>Enthusiasm</td>
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<tr>
<td>Sense of humor</td>
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</tr>
</tbody>
</table>
Thank you for your time and effort in preparing this recommendation.

Your name

Telephone

Email address

Mailing address

Signature

Date
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TO THE APPLICANT

Please type or print your name in the space below. Provide this form to the person who will complete it, along with a stamped envelope addressed to: Office of Admission, The Governor’s Academy, 1 Elm Street, Byfield, MA 01922.

Name of student       Applicant to grade
__________________________________________________________________________________________________________________________________________
Signature        Date

INSTRUCTIONS TO THE PERSON COMPLETING THIS FORM

This student is applying for admission to The Governor’s Academy. Your comments will be helpful in our evaluation of the applicant. The Admission Committee at The Governor’s Academy is interested in knowing how long you have worked with this student, in what capacity, at what level, and how the student has performed. Please complete this form, being as detailed and candid as you can, and return it to us within two weeks, if possible. Your remarks will remain strictly confidential.

Thank you for your time and effort in preparing this recommendation.

Your name       Telephone       Email address
__________________________________________________________________________________________________________________________________________
Signature        Date

__________________________________________________________________________________________________________________________________________
Mailing address

__________________________________________________________________________________________________________________________________________
Signature        Date

1 ELM STREET      BYFIELD, MA 01922      PHONE: 978.465.1763      FAX: 978.462.1278      EMAIL: ADMISSIONS@GOVSACADEMY.ORG
PARENT(S)/GUARDIAN(S): Please complete this form and give it to your child’s current school.

Records must be sent directly from the current school to:
Office of Admission
The Governor’s Academy
1 Elm Street
Byfield, MA 01922

Applicant name:     First     Middle     Last

_______________________________________________________ is applying to The Governor’s Academy for the ________________________ academic year.

I/We authorize the release of my/our child’s:
☐ Current transcript
☐ Previous year’s transcript
☐ Aptitude and achievement test
☐ Attendance and disciplinary records

Signature(s) of parent(s)/guardian(s)             Date

____________________________
Signature(s) of parent(s)/guardian(s)             Date

Thank you for your cooperation.

All information provided regarding a candidate’s application for admission will be treated with complete confidentiality.