



Center for Creative Scholars NOMINATION & APPLICATION FORM

Name of Student- _____

Name of Parent- _____


 Phone: _____

 Email: _____

 Age and Grade- _____

T Shirt size _____

Address _____

 _____

This form should be completed by the parent. A student does not need all of 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

Is your child allergic to any food or medication? _____ If so please list:

Does your child have any special needs of which we should be aware? (diet, visual, speech, hearing, other?)

Is there anything else we need to know regarding your child?

Please list three emergency contacts:

NAME	RELATIONSHIP	PHONE

Is your child covered under an insurance policy? _____

Insurance company name and number _____

Name of individual who is primary on the policy _____

Primary Physician Name _____

Primary Physician office and number _____

A local physician is hereby authorized to render primary medical care to my child during his or her enrollment in the Center for Creative Scholars workshops. This authorization is not intended to provide any unusual authority to a medical professional except that authority needed for routine &/or emergency medical care to my child while attending the activity or participating in experiences associated with the Center for Creative Scholars. Parents are informed of any emergency conditions that may occur. The Center for Creative Scholars should be made aware of any severe or chronic medical condition that your child may have such as asthma, kidney problems, and/or severe food allergies; or any severe behavioral conditions.

*I understand that should my child need to bring medication to the workshop, it should be sent in the prescription bottle with the child's name. **Permission for the child to self-administer as well as 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 emergency personnel for necessary medical service at my expense should an emergency arise as determined by the Center for Creative Scholars Staff Supervisor. I hereby give permission for my child to participate in all scheduled activities through the Center for Creative Scholars.

This medical release and consent to participate statement must be signed and accepted.

Signature of Parent/Guardian _____

Printed name and date _____

Your phone number _____

Consent to Participate Statement

I hereby give permission for my child _____ to participate in any and all activities of the workshop. I will not hold the Center for Creative Scholars faculty or staff, nor William Carey University responsible for any accident or injury incurred during any workshop or activity therein. I also agree that any data collected &/or photographs or other publicity information collected can be used on radio, television or social media to promote the Center for Creative Scholars & William Carey University.

Parent signature & date _____

Mail this form with check or money order for \$60 to Center for Creative Scholars, William Carey University, 710 William Carey Parkway Box 3, Hattiesburg, MS 39401. or scan and email cliverett@wmcarey.edu and use our WCU Venmo Account: @WilliamCarey-University BE SURE TO ADD-Center for Creative Scholars "what's it for" DEADLINE JUNE 6, 2023