

Nomination and Application Form

Name of student _____ Age _____ Date of Birth _____ Grade _____

Home address _____

Email Address _____ Phone _____

This form may be completed by a teacher, parent, peer, or through self nomination. A student does not need to have all of these characteristics to be nominated; however, these particular traits have been chosen as components necessary for a successful learning experience in a publication environment. Please check the characteristics that apply for the person being nominated.

CREATIVE

- ☐ 1. Displays a great deal of curiosity about many things.
- ☐ 2. Is constantly asking questions about anything and everything.
- ☐ 3. Generates a large number of ideas for solutions to problems and questions.
- ☐ 4. Often offers unusual, unique, clever responses.
- ☐ 5. Is uninhibited in expressions of opinion.
- ☐ 6. Is sometimes radical and spirited in disagreement.
- ☐ 7. Is tenacious.
- ☐ 8. Displays an unusual keen sense of humor and sees humor in situations that others don't.
- ☐ 9. Is unusually aware of his impulses and more open to the irrational in him/herself.
- ☐ 10. Criticizes constructively.
- ☐ 11. Is unwilling to accept authoritarian pronouncements without critical examination.
- ☐ 12. Is flexible in thought and action.

INTELLECTUAL

- ☐ 1. Uses advanced vocabulary.
- ☐ 2. Verbal behavior characterized by richness of expression, elaboration, and fluency.
- ☐ 3. Exhibits large storehouse of information about a variety of topics.
- ☐ 4. Has rapid insight into cause and effect relationships.
- ☐ 5. Can make valid generalizations about events, people, and things.
- ☐ 6. Is a keen and alert observer; usually "sees more" and "gets more."
- ☐ 7. Becomes absorbed and truly involved in certain topics or problems.
- ☐ 8. Is interested in many global ("adult") issues such as religion, politics, etc.
- ☐ 9. Often evaluates and passes judgment on situations and events.

LEADERSHIP

- ☐ 1. Is self-confident with children his/her own age as well as adults.
- ☐ 2. Seems comfortable when asked to show his/her work to the class.
- ☐ 3. Is cooperative with teacher and classmates.
- ☐ 4. Tends to avoid bickering.
- ☐ 5. Can express self well.
- ☐ 6. Has good verbal facility and is usually understood.
- ☐ 7. Adapts readily to new situations.
- ☐ 8. Tends to dominate others when they are around.
- ☐ 9. Generally directs the activity in which he/she is involved.
- ☐ 10. Prefers to work independently.
- ☐ 11. Requires little direction.
- ☐ 12. Is often self-assertive.
- ☐ 13. Likes to organize and bring structure to things, people, and situations.

ARTISTIC

- ☐ 1. Thinks about art as a way of communicating.
- ☐ 2. Skilled at singing, dancing, drawing cartoons or illustrations; often prefers art projects over writing when given an option.
- ☐ 3. Shows an ability to "read" a meaning in images and artistic performance.
- ☐ 4. Tends to think about facts, people, events, and society as the "big picture."
- ☐ 5. Makes art at home; uses art in other school subjects.
- ☐ 6. Likes to look at art in books, on video, and/or in museums/galleries.

Comments: _____

Parent/Guardian Signature _____ Date _____

Nominated by _____ Parent _____ Teacher _____ Peer _____ Self _____

Address _____ Telephone _____

Parent's Email Address _____

Please mail nomination form to:
Center for Creative Scholars, Dr. Christina Liverett, William Carey University,
498 Tuscan Avenue, Hattiesburg, MS 39401.

Creativity Workshop**~ Medical Release ~**

Student's Last Name _____ First Name _____ Middle Initial _____

Is your child allergic to any medication? _____ If so, list the medication and its adverse side effect.

Date last tetanus was administered: _____ Is it current? _____

Does your child have any special needs we should be aware of?

____visual ____hearing ____speech ____diet ____other. Are you attaching any information with this form? _____

List any medicine your child routinely takes and the dosage as well as the reason why the medication is administered: _____

_____Is there anything else that you feel we should be aware of regarding your child that we have not inquired? If so, please explain: _____

_____If I am unable to be reached in the event of an emergency, please contact one of the following persons. Each is aware that I have listed him/her as an emergency contact person. Should an emergency arise, the individual emergency contact person who is contacted is to act of my behalf for my child, _____
(print child's name here)

<u>Emergency Contact Person</u>	<u>Relationship to Student</u>	<u>Day Telephone No.</u>	<u>Night Telephone No.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Is your child covered under an insurance policy? Yes _____ No _____

Insurance Company Name _____

Insurance Number _____

Name of individual who is listed as the primary person on the policy _____

Student's Physician's Name _____

Physician's Office Name _____ City _____

Office Telephone No. (____) - _____

A local physician is hereby authorized to render primary medical care to my son/daughter during his/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 necessary for routine and/or emergency medical care to my son/daughter while attending the activity or participating in field reporting trips associated with The Center for Creative Scholars.

Student's Name _____

Parents are routinely informed of any emergency medical condition(s) that occur.

The Center for Creative Scholars staff should be made aware of any medical condition(s) your child may have. Attach a list of any chronic conditions such as sinus, kidney problems, asthma, penicillin, and tetanus. Check here ____ if you have attached an extra page and/or physician's statement.

I understand that should my child bring a prescription medicine to the creativity workshop it must be sent in its prescription bottle. **Permission for the student to self-administer as well as the specific directions he/she will be following for the administering of this medicine must be written and signed by the parent/guardian.**

I also authorize the calling of a doctor and /or the provision of other 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.

In order for your child to attend this program administered and coordinated by The Center for Creative Scholars, this Medical Release and the below Consent to Participate Statement must be accepted. **Neither will be accepted if incomplete.**

Signature of parent/guardian _____ Date _____

Please print your name here _____

Day telephone number (____) - _____ Night telephone number (____) - _____

~ Consent to Participate Statement ~

I hereby give permission for my child, _____, to participate in any and all activities of the creativity workshop. I will not hold The Center for Creative Scholars faculty or staff, nor William Carey University responsible for any accidents or injuries incurred during the workshop. I also agree that any research data collected and/or publicity information (television, newspaper, etc.) produced in relation to this activity may be used by The Center for Creative Scholars and/or William Carey University.

Signature of parent/guardian _____ Date _____

Should you have any questions or concerns regarding any aspect of this program or others offered through The Center for Creative Scholars, please do not hesitate to contact Dr. Christina Liverett at (601) 318-6609.