

# **Atlanta Urban Development**

## **The Paideia School**

June 13-24, 2011

Application Form – Summer 2011

*Open to all rising sophomores, juniors and seniors*

### **The Program:**

The Atlanta Urban Development Institute is a two-week summer program that gives high school students access to the inner workings of Atlanta's government. We will examine community issues in depth and see first-hand how the government, community and individuals respond to the many issues facing Atlanta.

Program days will include discussion time by examining research and public opinion on various controversial issues in Atlanta and getting hands-on experience with community and government leaders at the center of the issue. We will visit and discuss with community leaders options and strategies for a prosperous and sustainable community

Please complete the following:

- I. Student Information Form \_\_\_\_\_
- II. Educational transcript \_\_\_\_\_
- III. Parental Consent Form \_\_\_\_\_
- IV. 2 Teacher Recommendations \_\_\_\_\_

Please mail or email all documents to:

Brett Hardin  
Director, Atlanta Urban Development Institute  
The Paideia School  
1509 S. Ponce de Leon Ave  
Atlanta, GA 30307  
[Hardin.brett@paideiaschool.org](mailto:Hardin.brett@paideiaschool.org)

## STUDENT INFORMATION FORM

### I. STUDENT INFORMATION FORM

Note: All fields must be completed on this page. All information must be typed or printed legibly using black ink.

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE(as of 6/14/10): \_\_\_\_\_  
GENDER: \_\_\_FEMALE \_\_\_MALE

MOTHER or GUARDIAN'S NAME \_\_\_\_\_

FATHER of GUARDIAN'S NAME \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
Street Town St. Zip

HOME PHONE NO: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### II. Student's Education Career Information

HIGH SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS:

\_\_\_\_\_

GRADE LEVEL FOR 2010-2011 ACADEMIC YEAR: \_\_\_\_\_

CUMULATIVE GRADE POINT AVERAGE AS OF THE END OF THE January, 2010: \_\_\_\_\_

NAME OF GUIDANCE OR CAREER COUNSELOR \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

### III. EDUCATIONAL TRANSCRIPT

Note: Include your current educational transcript in the application package.

Your transcript should include all high school courses with final grades through the fall semester of the 2010-2011 academic year.

### IV. Short essay

Please include a short essay (3-4 paragraphs) on why you would like to attend the Atlanta Urban Development Institute and what qualities you would bring to the program.

## VII. PARENTAL CONSENT FORM

Note: Parent(s) or the student's legal guardian(s) are asked to read and sign this form.

Parent(s), please read and sign below. Your signature indicates your agreement with these requirements and gives your permission for your child's participation in on and off campus projects.

- ◆ I grant my permission for school officials to provide a current educational transcript and understand that the transcript may be used in the selection process.
- ◆ I understand that my son/daughter will be responsible for his/her own transportation to and from the Atlanta Urban Development Program each day.
- ◆ I agree that any photos taken by the Atlanta Urban Development Institute staff can be used ONLY in future promotional materials and/or on the program's wiki page (if you do not agree, please cross out all or part of the previous sentence).
- ◆ I have reviewed and concur with the information provided by my son/daughter in completing the application materials and will attest to its accuracy and truthfulness.

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date \_\_\_\_\_

# TEACHER RECOMMENDATION #1

Note:

To the applicant: Two recommendations are required

To the teacher: Complete and sign the form. Place in a sealed envelope and return to the student. An application package is not complete without the two sealed teacher recommendations

Teacher's Name/Position/Discipline:

Name of School:

How long have you known the student? In what capacity?

Please rate the student in the following areas.

## 1. Ability to follow rules and directions

- Always follows
- Sometimes follows
- Seldom follows
- Never follows

## 2. Accepts responsibility

- Always accepts responsibility
- Usually accepts responsibility
- Sometimes irresponsible
- Often irresponsible

## 3. Leadership ability

- Strong leadership ability
- Sometimes exhibits leadership
- Seldom exhibits leadership
- Always follows others

## 4. Initiative/Independence

- Seeks extra tasks
- Prepares assigned tasks
- Needs occasional reminders
- Needs constant reminding
- Seldom shows initiative

## 5. Ability to work well with others

- Always works well
- Sometimes works well
- Seldom works well
- Does not work well

## 6. Oral communication skills

- Very articulate
- Articulate
- Somewhat articulate
- Difficulty in articulation
- Inarticulate
- 

## 7. Written Communication

- Excellent writing skills
- Good writing skills
- Average writing skills
- Poor writing skills

## 8. Level of interest

- Exhibits high interest
- Often interested
- Seldom interested
- Lacks interest

## 9. Motivation

- Highly self-motivated
- Sometimes motivated
- Seldom motivated
- Lacks motivation

## 10. Maturity

- Always exhibits maturity
- Sometimes exhibits maturity
- Seldom exhibits maturity
- Immature

**Identify the strengths and skills that will most promote this student's success in this program:** (circle all that apply)

- Oral Communication
- Leadership Skills
- Written Communication
- Career Awareness
- Time Management
- Interpersonal Skills
- Research Technique
- Computer/Technology

**Overall Recommendation for the Program**

- Very Highly Recommended (top 5%)
- Highly Recommended (top 10%)
- Recommended
- Recommended with reservations
- Not Recommended

Briefly state the reason(s) you are recommending this student for HIP.

Signature:

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Date: \_\_\_\_\_

Telephone No. \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

THIS FORM SHOULD BE RETURNED IN A SEALED ENVELOPE AS PART OF THE STUDENT'S APPLICATION PACKAGE

## TEACHER RECOMMENDATION #2

Note:

To the applicant: Two recommendations are required

To the teacher: Complete and sign the form. Place in a sealed envelope and return to the student. An application package is not complete without the two sealed teacher recommendations

Teacher's Name/Position/Discipline:

Name of School:

How long have you known the student? In what capacity?

Please rate the student in the following areas.

### 1. Ability to follow rules and directions

- Always follows
- Sometimes follows
- Seldom follows
- Never follows

### 2. Accepts responsibility

- Always accepts responsibility
- Usually accepts responsibility
- Sometimes irresponsible
- Often irresponsible

### 3. Leadership ability

- Strong leadership ability
- Sometimes exhibits leadership
- Seldom exhibits leadership
- Always follows others

### 4. Initiative/Independence

- Seeks extra tasks
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- Often interested
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- Sometimes motivated
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- Always exhibits maturity
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- Seldom exhibits maturity
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**Identify the strengths and skills that will most promote this student's success in this program:** (circle all that apply)

- Oral Communication
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- Written Communication
- Career Awareness
- Time Management
- Interpersonal Skills
- Research Technique
- Computer/Technology

**Overall Recommendation for the Program**

- Very Highly Recommended (top 5%)
- Highly Recommended (top 10%)
- Recommended
- Recommended with reservations
- Not Recommended

Briefly state the reason(s) you are recommending this student for HIP.

Signature:

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Date: \_\_\_\_\_

Telephone No. \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

THIS FORM SHOULD BE RETURNED IN A SEALED ENVELOPE AS PART OF THE STUDENT'S APPLICATION PACKAGE