

# 2019 GOVERNOR'S SCHOOL APPLICATION FOR ADMISSION MOUNTAIN EMPIRE COMMUNITY COLLEGE

3441 Mountain Empire Road • Big Stone Gap, VA 24219 • (276) 523-2400

OFFICE USE ONLY

User ID \_\_\_\_\_

IS \_\_\_\_\_ OS \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATIONS ARE TAKEN ON A FIRST-COME, FIRST-SERVE BASIS.

\_\_\_\_\_

Student Social Security Number \_\_\_\_\_

\_\_\_\_\_

Legal Name of Student (Last, First, Middle) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male       Female

Racial/Ethnic Group:

White

Black/African American

Hispanic/Latino

Asian

American Indian or Alaska Native

Native Hawaiian/Other Pacific Islander

Have you lived in Virginia for the last twelve months?  Yes  No - Where else did you live? \_\_\_\_\_ (US State or Foreign Country)

High School you currently attend \_\_\_\_\_

Expected Date/Year of Graduation \_\_\_\_\_

U.S. Citizen Status:  Native  Naturalized  Alien Permanent  Alien Temporary  Not reported or Not living in the U.S.

**Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent," "Alien Temporary" or "Not reported or Not living in the U.S." applicants must complete the remained of the questions on Citizen Status.**

Country of Citizenship? \_\_\_\_\_ Permanent Status:  Resident Alien  Asylee  Refugee A#: \_\_\_\_\_

Visa Type: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_ If you chose "Not reported or Not living in the U.S.," what Visa Status are you requesting? \_\_\_\_\_

Primary Language:  English  Other: \_\_\_\_\_

*I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

### Family Educational Background:

**Father's Highest Education:**  Do Not Know  Less than High School  Attended High School  Graduated from High School  
 Attended College  Associate's Degree  Received a Bachelor's Degree  Received a post-Bachelor's Degree

**Mother's Highest Education:**  Do Not Know  Less than High School  Attended High School  Graduated from High School  
 Attended College  Associate's Degree  Received a Bachelor's Degree  Received a post-Bachelor's Degree

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, gender, age (except when age is a bona fied occupational qualification), handicap, national origin or other non-merit factors. Employer, date of birth, social security number, sex, and race information are optional and used for research, reporting, and management of student records.

# APPLICATION FOR VIRGINIA IN-STATE TUITION

## 2019 Governor's School • Mountain Empire Community College

### Enrollment Services • 3441 Mountain Empire Road • Big Stone Gap, VA 24219

| OFFICE USE ONLY |          |
|-----------------|----------|
| User ID         | _____    |
| IS              | OS _____ |
| Staff Initials  | _____    |
| Date            | _____    |

A parent/legal guardian using the parent/legal guardian's information must complete this form. This information will assist our office in determining if your son/daughter is eligible for the in-state tuition rate. You will be assessed out-of-state tuition rates until you return this form completed by the parent/legal guardian.

Name of Student \_\_\_\_\_ Social Security Number/Student ID \_\_\_\_\_

- Name of parent/legal guardian completing this form: \_\_\_\_\_  
Relationship to Applicant: (circle one)    Mother    Father    Legal Guardian
- Are you a U. S. Citizen?     Yes     No    (If yes, go to question #4)  
If no, what is your Country of Citizenship? \_\_\_\_\_ Native Language? \_\_\_\_\_  
**Check your current immigration status with the U.S.:**  
Permanent Status:     Resident Alien     Asylee     Refugee     A# (number), if any: \_\_\_\_\_  
Temporary Status:     Specify Visa \_\_\_\_\_     Type Expiration Date: \_\_\_\_\_

3. Beginning with the current address, please list your (parent/legal guardian) address AND the dates you lived there for the last two years:

| From (mo/yr) | To (mo/yr) | Street Address | City | State | Zip |
|--------------|------------|----------------|------|-------|-----|
|              |            |                |      |       |     |
|              |            |                |      |       |     |

- County of Residence (parent/legal guardian): \_\_\_\_\_
- Are you (parent/legal guardian) on active duty in the U.S. Armed Forces?     Yes     No  
If "Yes", Is Virginia listed on your Leave and Earning Statement?     Yes     No  
Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_
- Are you (parent/legal guardian) retired or discharged from the U.S. Armed Forces?     Yes     No  
If "Yes," date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_
- Are you (parent/legal guardian) a dependent of someone retired or discharged from the Military?     Yes     No  
If "Yes," date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_
- Have you (parent/legal guardian) lived in Virginia for the last twelve months?     Yes     No
- For the last year, did you (parent/legal guardian) (select only one):  
 file Virginia income taxes on all earned income     was a resident in a state without income tax  
 file as a resident in another state     had no taxable income  
 file as a resident in Virginia and as a non-resident in another state
- For the past twelve months, have you (parent/legal guardian) lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$10,712 of earned income?     Yes     No  
If "Yes," in what state did you live? \_\_\_\_\_
- For the past twelve months, have you (parent/legal guardian) held a Virginia Drivers license or Virginia DMV ID?     Yes     No  
If "No," have you held a Drivers license or DMV ID to any other state? \_\_\_\_\_     Yes     No
- For the past twelve months, have you (parent/legal guardian) owned or operated a motor vehicle in Virginia?     Yes     No  
If "No," have you owned or operated a motor vehicle in any other state? \_\_\_\_\_     Yes     No
- For the past twelve months, have you (parent/legal guardian) been registered to vote in Virginia?     Yes     No  
If "No," have you been registered to vote in another state? \_\_\_\_\_     Yes     No

*Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 24 years old)

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Number 1-10 the Programs of Study According to Your Order of Interest |   | <b>Are you seeking a degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |
| <input type="checkbox"/> 3D Animation/Game Design                     | <input type="checkbox"/> Entrepreneurship and Regional Tourism Social Media Mktg. | <input type="checkbox"/> Art Illustration for Graphic Novels                              | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Cyber Security                               | <input type="checkbox"/> Environmental Science                                    | <input type="checkbox"/> Drones   | <input type="checkbox"/> Music       |
| <input type="checkbox"/> EMS  | <input type="checkbox"/> Making Games with C++                                    |   |                                      |

Please Print Your Name as You Wish it to Appear On Your Name Badge:

Please Check the size for your T-shirt (provided at no cost to all participants)

Small  Medium  Large  X-Large  XX-Large  XXX-Large

Please indicate whether you will ride a school bus to attend Governor's School:

I will provide my own transportation  I will ride the bus indicated below (please also check below)

|  |   |
|--|---|
| <b>Lee County Route:</b><br><input type="checkbox"/> Thomas Walker H.S. (7:15)<br><input type="checkbox"/> Rose Hill People's Bank (7:25)<br><input type="checkbox"/> Flatwoods Turnoff (7:35)<br><input type="checkbox"/> Jonesville Middle School (7:45)<br><input type="checkbox"/> Pennington Middle School (8:05)<br><input type="checkbox"/> Dryden Post Office (8:15) | <b>Dickenson/Wise County Route:</b><br><input type="checkbox"/> Clintwood H.S. (7:15)<br><input type="checkbox"/> Pound H.S. (7:45)<br><input type="checkbox"/> Wise Shopping Center near Peebles (8:15)<br><input type="checkbox"/> J. I. Burton H.S. (8:30) |
| <b>Wise County Route:</b><br><input type="checkbox"/> St. Paul H.S. (7:30)<br><input type="checkbox"/> Coeburn Hardee's (8:00)   | <b>Scott County Route:</b><br><input type="checkbox"/> Twin Springs H.S. (7:30)<br><input type="checkbox"/> Gate City Middle School (8:00)<br><input type="checkbox"/> Duffield Hardee's (8:30)   |

**Note: Classes begin at 9:00 am and end at 4:30 pm. The busses will return students by the same route.**

**21. Photo/Publicity Release:**

I hereby agree, without promise of any present or future consideration, that my name, image, and/or voice may be used by or for Mountain Empire Community College.

I do not want Mountain Empire Community College to use my name, image or voice at present or in the future.

**22. Permission to Publish Student's Original Work:**

I hereby give permission to Mountain Empire Community College to publish my name, photograph, picture, project and/or original work(s) in print, on the internet, or in other media. My permission does not imply that MECC has promised any present or future considerations.

I do not want Mountain Empire Community College to publish my name, photograph, picture, project and/or original work(s) in print, on the internet, or in other media.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian's Signature: (If under 18 years of age)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*I understand that I waive my rights to review and inspect my child's application and score page for the Summer Regional Governor's School program.\**

**Counselor or Gifted Coordinator Signature:** \_\_\_\_\_ **Date Application Received from Student:** \_\_\_\_\_

**High School/Division Name:** \_\_\_\_\_

*This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification) handicap, national origin or other non-merit factors. Employer, date of birth, social security, sex, and race information are optional and used for research, reporting and management of student records.*

# Travel Release Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, agree that as a condition of participating in Governor's School field trips to assume all responsibility with regard to insurance, accident, injury, liability, and conduct. Mountain Empire Community College will not be responsible for students traveling in non-state vehicle transportation. I hereby release the College, its agents and employees, from and for any claim for personal injury, loss or damage.

I am eighteen years of age or older

I am under eighteen years of age (parent signature required)

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

Signature of Parent or Guardian: \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

## Off-Campus Student Code of Conduct

Students participating in a College, club or organization sponsored off-campus trip must display conduct and behavior for the duration of the trip and at all times that reflect favorably on them, the College, and the community. Students are expected to recognize their responsibility for proper conduct and to respect the rights and welfare of others.

All students representing the College during a College sponsored event will be subject to the same disciplinary action as though they were on campus. Proscribed conduct and disciplinary proceedings are specifically addressed in the MECC Student Handbook. The College's Substance Abuse policy is in effect at all times and specifically states:

**Students attending MECC shall not possess, sell, use, manufacture, give away or otherwise distribute illegal substances, including drugs or alcohol while on campus, attending a college sponsored off campus event, or while serving as a representative of the college at off campus meetings. Students who violate this policy shall have college charges processed against them in the normal manner of due process provided by college rules. Further, students who violate this policy shall have committed a criminal offense, and the college shall notify the appropriate agency of the Commonwealth of Virginia, county or city government for investigation and, if warranted, prosecution.**

College representatives and/or club advisors responsible for off-campus events will be in charge of their groups and responsible for reporting violations and infractions to the Director of Student Services immediately upon return to the campus.

**I have read and understand the Off-Campus Student Code of Conduct.**

Signature of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_