You can choose one of four classes offered during the traditional two-week session or select up to 6 credit hours of approved online classes from MECC’s summer semester class offerings.

☐ Option 1: June 6-17
☐ Option 2: June 1 - August 2

___ Agribusiness & Entrepreneurship
___ Music
___ Engineering
___ Healthcare
(Number 1-4 according to your order of interest)

Take up to 6 credits from MECC’s summer semester class offerings
An advisor will contact you to assist in selecting which courses best fit into your career/college plans.

Are you seeking a degree?  ☐ Yes  ☐ No
Have you completed a Career Plan with your High School Career Navigator?  ☐ Yes  ☐ No

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 (Option 1):
☐ I will provide my own transportation  ☐ I will ride the bus

Note: Option 1 Classes begin at 9:00 am and end at 4:00 pm. Buses will return students by the same route they are picked up.

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.

*The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are “eligible students.” Enrollment in Governor’s School is enrollment beyond the high school level. Therefore, the FERPA rights are transferred to the student.
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: _______________________________________________________
APPLICATION FOR ADMISSION

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

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:

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 remainder 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 fide 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  
2022 Governor’s School • Mountain Empire Community College  
Enrollment Services • 3441 Mountain Empire Road • Big Stone Gap, VA 24219

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.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Social Security Number/Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of parent/legal guardian completing this form:</td>
<td></td>
</tr>
<tr>
<td>Relationship to Applicant: (circle one)</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian</td>
<td></td>
</tr>
</tbody>
</table>

2. 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:

<table>
<thead>
<tr>
<th>From (mo/yr)</th>
<th>To (mo/yr)</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. County of Residence (parent/legal guardian):

5. 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: ____________

6. 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: ____________

7. 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: ____________

8. Have you (parent/legal guardian) lived in Virginia for the last twelve months? [ ] Yes [ ] No

9. 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

10. 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? ____________

11. 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? ____________

12. 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? ____________

13. 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? ____________

 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)