

MSSM

THE MAINE SCHOOL OF SCIENCE AND MATHEMATICS

www.mssm.org

A Residential Community of Academic Excellence

Admission Application 2010

No Application Fee

95 HIGH STREET, LIMESTONE, ME 04750

(207) 325-3303 • Fax (207) 325-3340

www.mssm.org

PERSONAL DATA (all questions must be completed)

Please print or type

Priority Review: December 15 February 15 April 15

Legal Name: _____
First Middle Last

Nickname: _____ Male Female

Mailing Address: _____
Street Name and Number or PO Box

City State County Zip

Street Address (If different): _____
Street Name and Number

City County State

Home Phone: (____) _____ Student E-Mail Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Are you a US Citizen? Yes No State of Maine Resident? Yes No

School presently attending: _____ Year of High School Graduation: _____

Address: _____ School Phone # _____

FAMILY DATA

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Parents Married Parents Separated Parents Divorced Father Deceased Mother Deceased Other

When will you be taking the SAT PSAT Date _____ Site _____

To ensure your scores are forwarded to MSSM use the MSSM code #3513 for the SAT & PSAT

How did you first hear about the Maine School of Science and Mathematics? _____

Have you attended the MSSM Summer Camp Program? If so, when/what dates: _____

Have you met with an MSSM Representative? if Yes, Where _____ When _____ No

In the space provided below please share any special dietary, physical or emotional needs that MSSM should know about.

Do you have any learning difficulties? Yes please explain _____
 No

Do you currently or have you ever had an IEP or 504 Plan? Yes, please forward copies to MSSM No

The items in this section are optional. No information you provide will be used in a discriminatory manner.

Language spoken at home: _____
First language, if other than English: _____

If you wish to be identified with a particular ethnic group, please check all that apply:

- African American, Black
 - Asian American (country of family's origin _____)
 - Native American, Pacific Islander
 - Asian, including from Indian Subcontinent (country _____)
 - Puerto Rican
 - Native American, Alaskan Native (tribal affiliation _____ enrolled _____)
 - Other (Specify _____)
- City State Country

APPLICATION QUESTIONS AND ESSAYS

The essay portion of the application recognizes the important role you will play as an individual member of our community. This is where we get a sense of you as a distinct individual. Please consider this an opportunity to share what you think is most important about yourself. Please respond to the following on separate sheets of paper.

1. Briefly list or describe any extracurricular activities you have been involved in, including the dates of participation.
2. Briefly list or discuss any honors, awards, or special recognitions you have received including the dates awarded.
3. Please discuss something you are passionate about and why.
4. F. Scott Fitzgerald begins his novel, *The Great Gatsby*, with a quote deeply important to its narrator, Nick Carroway, a young man going to New York in order to make his fortune in the 1920s. Carroway relates the advice of his father: "Whenever you feel like criticizing anyone... just remember that all the people in this world haven't had the advantages that you've had." Carroway's father argues that people who have been given advantages due to class, education and/or wealth have more of an obligation to serve others.
In a well written, typed essay of 350 - 500 words that uses reading, current events, or personal experience, please defend or refute this statement.

The information given herein is true and accurate. If the applicant is accepted for admission to the Maine School of Science and Mathematics, we agree to adhere to rules and regulations now in existence and those that may be established in the future by the school. We agree to permit information in this application and other records resulting from applying to and attending the school to be made available on a confidential basis to the applicant's home school, other educational institutions, and for MSSM-approved research purposes. All application documents are retained by the MSSM. Unless otherwise directed, the MSSM reserves the right to release any accepted applicants name and home town to legislators and the media.

_____/_____
Parent/Legal Guardian Signature / Date

_____/_____
Applicant Signature / Date

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FAMILY SUPPLEMENT

95 HIGH STREET, LESTON, ME 04750

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The selection of applicants for admission to the Maine School of Science and Mathematics is based upon information from the student, the school and other sources. Your careful consideration and response to the following questions may help us determine whether the program at MSSM is suited for the applicant's needs and academic goals. Please use additional sheets if necessary. **ALL INFORMATION IS CONFIDENTIAL**

Applicant's Name: _____ Social Security # _____ - _____ - _____

FAMILY INFORMATION (please answer all questions):

Mother/Legal Guardian's Name: _____

Father/Legal Guardian's Name: _____

If not living with both parents, with whom does the applicant make his/her home? _____

If enrolled, to whom should MSSM:

Send grade reports? _____ Bills/room & board/tuition statements? _____

Sibling's Name: _____ Grade: _____ Age: _____

Sibling's Name: _____ Grade: _____ Age: _____

Sibling's Name: _____ Grade: _____ Age: _____

Sibling's Name: _____ Grade: _____ Age: _____

On the reverse side or on a separate sheet of paper, please respond to the following:

1. Please comment on the applicant's relationships with family members and any others who have influenced the applicant.
2. Describe the academic, personal, or social experiences that have had a particularly strong influence on the applicant's development.
3. Have any physical, psychological or learning disabilities affected or interrupted the applicant's education? Has the applicant ever had an IEP or 504 Plan? If so, please describe and provide a letter of explanation from the appropriate physicians or other professionals as well as copies of IEP and 504 Plan.
4. Please describe your personal perspective on the applicant's academic potential and readiness to engage in serious academic study at MSSM.

Name (please print): _____ Relationship to Applicant: _____

Signature: _____ Date: _____

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Guidance Counselor Recommendation Form

95 HIGH STREET, LIMESTONE, ME 04750

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www.mssm.org

APPLICANT TO COMPLETE THIS SECTION:

Name of Student: _____ Social Security Number: _____ - _____ - _____

Student Address: _____ Home Phone: _____

Year of Graduation: _____ Home High School: _____ Address: _____

OPTIONAL WAIVER OF RIGHT OF ACCESS

I, undersigned, understand that the information provided in this letter from _____ will be used by the MSSM in deciding upon my application for admission. I hereby waive any and all rights of access to this letter I might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.

_____/_____/_____
 Student Signature /Date Parent /Date

The above-named applicant has applied for admission to the Maine School of Science and Mathematics. We ask that you complete this recommendation form and return it directly to the Admissions Office **within two (2) weeks of request** in order for the applicant to be considered for Priority Review. Thank you for your contributions.

In addition to this form, please forward MSSM (within two (2) weeks of request) an official copy of the applicant's high school transcripts, including most recent grade report and educational records for the past calendar year, PSAT and SAT scores, and your high school profile.

A.) In making the following ratings, please keep in mind that they will be used to assess this student relative to potential success at the MSSM. Please check the single most appropriate box.

	Top 1% of my career	Excellent	Above Average	Average	Below Average	No basis for judgment
Academic growth potential						
Academic maturity						
Acceptance of challenge						
Communication Skills						
Emotional maturity						
Leadership						
Motivation						
Self-confidence						
Social adaptability						

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RECOMMENDATION FORM-Current Mathematics Instructor

95 HIGH STREET, LIMESTONE, MAINE 04750

(207) 325-3303 • Fax (207) 325-3340

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APPLICANT TO COMPLETE THIS SECTION:

Name of Student: _____ Social Security Number: _____ - _____ - _____
 Student Address: _____ Email: _____ Home Phone: _____
 Year of Graduation: _____ High School: _____ Address: _____

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_____/_____/_____/_____
 Student Signature /Date Parent/Legal Guardian Signature /Date

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	Top 1% of my career	Excellent	Above Average	Average	Below Average	No basis for judgment
Academic growth potential						
Academic maturity						
Acceptance of challenge						
Communication Skills						
Emotional maturity						
Leadership						
Motivation						
Self-confidence						
Social adaptability						

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): _____ Subject Area: _____
 Signature: _____ Date: _____ Email: _____
 Address: _____ Phone Number: _____
 Course(s) you have taught this student _____ # Years in Education: _____

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RECOMMENDATION FORM-Current Science Instructor

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APPLICANT TO COMPLETE THIS SECTION:

Name of Student: _____ Social Security Number: _____ - _____ - _____

Student Address: _____ Email: _____ Home Phone: _____

Year of Graduation: _____ High School: _____ Address: _____

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Academic maturity						
Acceptance of challenge						
Communication Skills						
Emotional maturity						
Leadership						
Motivation						
Self-confidence						
Social adaptability						

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): _____ Subject Area: _____

Signature: _____ Date: _____ Email: _____

Address: _____ Phone Number: _____

Course(s) you have taught this student _____ # Years in Education: _____

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RECOMMENDATION FORM-Current English Instructor

95 HIGH STREET, LIMESTONE, MAINE 04750

(207) 325-3303 • Fax (207) 325-3340

www.mssm.org

APPLICANT TO COMPLETE THIS SECTION:

Name of Student: _____ Social Security Number: _____ - _____ - _____
 Student Address: _____ Email: _____ Home Phone: _____
 Year of Graduation: _____ High School: _____ Address: _____

OPTIONAL WAIVER OF RIGHT OF ACCESS

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 Student Signature /Date Parent/Legal Guardian Signature /Date

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Academic maturity						
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Emotional maturity						
Leadership						
Motivation						
Self-confidence						
Social adaptability						

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): _____ Subject Area: _____
 Signature: _____ Date: _____ Email: _____
 Address: _____ Phone Number: _____
 Course(s) you have taught this student _____ # Years in Education: _____

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RECOMMENDATION FORM-Other (this form is optional)

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APPLICANT TO COMPLETE THIS SECTION:

Name of Student: _____ Social Security Number: _____ - _____ - _____
 Student Address: _____ Email: _____ Home Phone: _____
 Year of Graduation: _____ High School: _____ Address: _____

OPTIONAL WAIVER OF RIGHT OF ACCESS

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 Signature: _____ Date: _____ Email: _____
 Address: _____ Phone Number: _____
 Course(s) you have taught this student _____ # Years in Education: _____