

Date of Enrollment
Fall 20____



GEORGIA ACADEMY of AVIATION MATHEMATICS ENGINEERING & SCIENCE

Middle Georgia College, 1100 Second Street, Cochran, GA 31014-1599
Voice: 478-934-3471 Fax: 478-934-3499 Email: games@mgc.edu

Personal Information

Full Name _____
Last, First, Middle, Suffix (Please give full middle name)

Address _____
Street City

County State Zip Home Telephone _____

Citizen of _____
Country State County

Date of Birth _____ Place of Birth _____

I am a Male Female Social Security Number _____

I have been a resident of Georgia since _____. I am a resident of the state of _____

I am a U.S. Citizen by Birth Naturalization Are you a resident alien of the US? Yes No

If Yes, what is your Alien Registration Number _____
(Please provide a copy, front and back, of your card for our files.)

Family Information

Father's Name _____

Occupation _____ Work Telephone _____

Mother's Name _____

Occupation _____ Work Telephone _____

Parent address and telephone number if different from student.

Should grades and other pertinent information be sent to this parent as well? Yes No

Next of kin for emergencies _____ Telephone _____

Affirmative Action/Equal Employment and Educational Opportunity Institution.

This institution does not discriminate with regard to sex, race, national origin or disability. Several items request information to be included in Federal and State reports which collect data on equal opportunity for education or employment.

Educational History

Major you will pursue at GAMES _____ Year of HS Graduation 20_____

Though you may be undecided and your major may change during your enrollment, you must declare a major so that you can be registered.

List all high schools, or preparatory schools attended in 9th grade or higher.

If you have attended more than one high school, have your previous school mail a disciplinary record or a letter that no record exists.

NAME OF SCHOOL	ADDRESS	GRADES ATTENDED

Current HS Counselor's Name _____

Counselor's Telephone _____ Email _____

Most Recent SAT Score: Verbal _____ Math _____ Date Taken _____

ACT Score: English _____ Math _____ Composite _____ Date Taken _____

I plan to take/retake the SAT/ACT on the following date _____

The Institution Code for Middle Georgia College is 5411.

(Note: Students may apply for admission and take the SAT/ACT in the spring of their application year. National SAT dates and locations can be found at www.collegeboard.com; National ACT dates and locations can be found at www.act.org. The Institutional SAT (ISAT) will be administered on the MGC campus in June and July. Call the GAMES office for dates.

List any AP, IB, or college level credit (with institution) that you have, or expect to receive prior to enrollment in GAMES. _____

Essay, References, and Fees

- ✓ Please compose and include an essay of at least 350 words on the following topic – "My Autobiography – Written in the Year 2030"
- ✓ Please detach and have the included reference forms completed. **Reference forms may be mailed separately or if returned with student's application, in a signed, sealed envelope.**
- ✓ Please attach a list of any high school honors or awards you have received
- ✓ Please attach a list of your club, athletic, community, and volunteer activities.
- ✓ Have your counselor provide us with your academic transcript.
- ✓ Please submit a \$20.00 application fee.
- ✓ If you have special needs because of any type of disability, please call the MGC Director of Student Services at 478-934-3023.

Signature and Verification

Have you ever had a criminal conviction? Yes No If yes, attach a statement providing details.

Have you ever used any other name? Yes No If yes, what _____

Ethnicity is requested for statistical purposes only. This question is optional.

Black American Indian/Alaskan Native Asian/Pacific Islander Hispanic White Multiracial

Applicant's Signature _____

I certify that the information given herein is complete and true, and I agree if accepted to Middle Georgia College, to abide by the rules and regulations of the college.

Parent of Legal Guardian Signature _____

I certify that the applicant above has my permission to seek admittance to the Georgia Academy of Aviation, Mathematics, Engineering, & Science.

Affirmative Action/Equal Employment and Educational Opportunity Institution.

Counselor Evaluation

To The Applicant

Please complete this section prior to giving to counselor.

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Telephone Number			

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Student Signature	Date
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As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature	Date
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To The Counselor

How familiar are you with the student applying for admission to GAMES regarding his/her ability, motivation, and maturity?

- Very familiar
- Somewhat familiar
- Not Familiar (Please answer the next 2 questions, and sign on the reverse side.)

Does the student have any infractions on his/her disciplinary record? Yes No

If yes, please attach the disciplinary record.

This student ranks ____ out of ____.

We do not rank. This student is in the top ____ percentile of his/her class.

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

Motivation	Outstanding	Above Average	Average	Below Average
Maturity	Outstanding	Above Average	Average	Below Average
Leadership	Outstanding	Above Average	Average	Below Average
Social	Outstanding	Above Average	Average	Below Average
Emotional	Outstanding	Above Average	Average	Below Average
Ethics	Outstanding	Above Average	Average	Below Average

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

Please return this form to the student in a signed, sealed envelope, or mail to:
GAMES Admissions
1100 Second Street
Cochran GA 31014

Math Teacher Evaluation

To The Applicant

Please complete this section prior to giving to your math teacher reference.

Last Name

First Name

Middle Initial

Class Taken from this teacher

Grade earned in the class

I took this class in the 9 grade 10 grade

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Student Signature

Date

As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

To The Teacher

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does the student have a problem with tardiness? Yes No

Does the student have a problem with absenteeism? Yes No

If yes to either question, please expound _____

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

POTENTIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
MATURITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
LEADERSHIP	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SOCIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
INQUISITIVENESS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
PERSISTENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
WORK ETHIC	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SELF-CONFIDENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
RESPECT FOR OTHERS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

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1100 Second Street
Cochran GA 31014

Science Teacher Evaluation

To The Applicant

Please complete this section prior to giving to your science teacher reference.

Last Name

First Name

Middle Initial

Class Taken from this teacher

Grade earned in the class

I took this class in the 9 grade 10 grade

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Student Signature

Date

As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

To The Teacher

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does the student have a problem with tardiness? Yes No

Does the student have a problem with absenteeism? Yes No

If yes to either question, please expound _____

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

POTENTIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
MATURITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
LEADERSHIP	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SOCIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
INQUISITIVENESS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
PERSISTENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
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SELF-CONFIDENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
RESPECT FOR OTHERS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

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