

THE PAYNE ACADEMY APPLICATION

PRINTING THE INFORMATION REQUESTED BELOW WOULD BE SINCERELY APPRECIATED.

STUDENT DATA

| | | | |
|--|------------------|--|---|
| YOUR LAST NAME | | FIRST | MIDDLE |
| STREET ADDRESS | | | |
| CITY | | STATE | ZIP |
| STUDENT E-MAIL ADDRESS | | HOME PHONE | |
| BIRTHDATE | HOME HIGH SCHOOL | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| CURRENT SCHOOL | | | |
| CURRENT SCHOOL TYPE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE SECULAR <input type="checkbox"/> PRIVATE PAROCHIAL <input type="checkbox"/> CHARTER <input type="checkbox"/> HOME SCHOOL <input type="checkbox"/> OTHER | | | |
| SCHOOL ADDRESS (IF NOT IN TEMPE OR KYRENE DISTRICTS) | | | |
| POSSIBLE COLLEGE CHOICE | | | |
| POSSIBLE COLLEGE MAJOR | | | |
| POSSIBLE CAREER | | | |
| DO YOU HAVE HOME ACCESS TO A PERSONAL COMPUTER? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | TO THE INTERNET? <input type="checkbox"/> YES <input type="checkbox"/> NO |

FAMILY DATA

| | | |
|---|--|---|
| YOUR FATHER'S FULL NAME | | <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED |
| FATHER'S ADDRESS (IF DIFFERENT FROM YOURS) | | |
| FATHER'S HOME PHONE (IF DIFFERENT FROM YOURS) | | WORK PHONE |
| FATHER'S E-MAIL ADDRESS | | |
| YOUR MOTHER'S FULL NAME | | <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED |
| MOTHER'S ADDRESS (IF DIFFERENT FROM YOURS) | | |
| MOTHER'S HOME PHONE (IF DIFFERENT FROM YOURS) | | WORK PHONE |
| MOTHER'S E-MAIL ADDRESS | | |

IF YOU RESIDE WITH SOMEONE OTHER THAN OR IN ADDITION TO EITHER OF YOUR PARENTS, PLEASE PROVIDE THAT INFORMATION BELOW.

| | |
|--------------------------------|------------|
| OTHER GUARDIAN'S NAME | |
| GUARDIAN'S RELATIONSHIP TO YOU | |
| GUARDIAN'S E-MAIL ADDRESS | WORK PHONE |

PARENT AND GUARDIAN DATA

WHILE THE FOLLOWING INFORMATION ABOUT YOUR PARENTS IS VOLUNTARY, IT IS EXTREMELY HELPFUL IN OUR EFFORTS TO OBTAIN GRANTS AND TO ESTABLISH DEMOGRAPHIC DATA FOR THE ACADEMY.

| | | | |
|---|--|---------------------|--|
| FATHER'S OCCUPATION | | PLACE OF EMPLOYMENT | |
| COLLEGE(S) ATTENDED | | | |
| ACTIVE MEMBERSHIP(S) IN COLLEGE ALUMNI ASSOCIATION(S) | | | |
| ACTIVE MEMBERSHIP(S) IN CIVIC CLUBS OR PROFESSIONAL ORGANIZATIONS | | | |
| AWARDS OR SPECIAL RECOGNITION FROM SUCH MEMBERSHIPS | | | |
| MOTHER'S OCCUPATION | | PLACE OF EMPLOYMENT | |
| COLLEGE(S) ATTENDED | | | |
| ACTIVE MEMBERSHIP(S) IN COLLEGE ALUMNI ASSOCIATION(S) | | | |
| ACTIVE MEMBERSHIP(S) IN CIVIC CLUBS OR PROFESSIONAL ORGANIZATIONS | | | |
| AWARDS OR SPECIAL RECOGNITION FROM SUCH MEMBERSHIPS | | | |

ADDITIONAL STUDENT INFORMATION

IN EACH OF THE FOLLOWING CATEGORIES, PLEASE NOTE **SIGNIFICANT** INVOLVEMENTS AND ACCOMPLISHMENTS. INCLUDE RELEVANT DATES. YOU SHOULD NOT BE CONCERNED IF YOU DO NOT HAVE INFORMATION TO PROVIDE FOR EACH CATEGORY.

| | |
|--|--|
| LEADERSHIP ROLES | |
| UNIQUE OR ADVANCED ACADEMIC EXPERIENCES | |
| COMMUNITY SERVICE ACTIVITIES | |
| SCHOOL-RELATED ACTIVITIES | |
| COMMUNITY-BASED ACTIVITIES | |
| MAJOR DISTINCTIONS OR HONORS | |

| CURRENT CLASSES LIST CLASSES IN WHICH YOU ARE ENROLLED NOW. | | CLASSES NEXT YEAR LIST CLASSES IN WHICH YOU HOPE TO ENROLL NEXT YEAR. |
|---|---|---|
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| | 6 | |
| | 7 | |

PLEASE COMPLETE THE FOLLOWING SENTENCES.

| |
|---|
| IF I COULD SPEND A DAY ANYWHERE I WANTED, DOING ANYTHING I WANTED, ACCOMPANIED BY ANYONE I WANTED, IT WOULD BE... |
| ONE THING I DO REALLY WELL IS... |
| ONE THING I WISH I COULD DO BETTER IS... |
| THE MOST MEMORABLE MOMENT OF MY LIFE WAS... |
| TWO PEOPLE I MOST ADMIRE ARE... BECAUSE... |

ESSAY

PLEASE ANSWER THE FOLLOWING QUESTION IN BRIEF ESSAY FORM. LIMIT ESSAY RESPONSE TO ONE PAGE. WE ARE LOOKING FOR THOUGHTFUL RESPONSE THAT REPRESENT YOUR OWN UNIQUE PERSPECTIVES. AND, AS YOU MIGHT EXPECT, YOU SHOULD EMPLOY YOUR VERY BEST WRITING SKILLS.

ESSAY 1: What challenges or obstacles have you faced as a result of your academic abilities?

REQUIRED ATTACHMENTS

APPLICATION ESSAY

ATTACH THE ESSAY TO THIS DOCUMENT.

ACADEMIC RECORDS

ATTACH A TRANSCRIPT (OR COPIES OF REPORT CARDS) FROM THE PAST TWO YEARS OF YOUR SCHOOLING.

TEACHER RECOMMENDATIONS

REQUEST RECOMMENDATIONS FROM TWO TEACHERS WHO KNOW YOU VERY WELL. THE ACCOMPANYING RECOMMENDATION FORMS SHOULD BE GIVEN TO YOUR TEACHERS AT LEAST SEVEN DAYS BEFORE YOU NEED THEM COMPLETED. SELECT RECOMMENDING TEACHERS FROM TWO DIFFERENT ACADEMIC AREAS.

STANDARDIZED APTITUDE TEST RESULTS

IF YOU HAVE NOT TAKEN THE TEMPE UNION HIGH SCHOOL DISTRICT'S HONORS AND GIFTED PLACEMENT TESTS, ATTACH THE OFFICIAL RESULTS FROM AN EQUIVALENT ASSESSMENT. CONTACT THE PAYNE ACADEMY IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUIREMENT.

APPLICATION PACKAGE CHECKLIST

- THIS APPLICATION FORM, FILLED OUT COMPLETELY AND NEATLY
- YOUR ESSAYS
- TRANSCRIPTS OR REPORT CARDS FROM THE PAST TWO YEARS OF SCHOOL
- TWO TEACHER RECOMMENDATIONS
- STANDARDIZED TEST RESULTS (ONLY IF TUHSD PLACEMENT TESTS HAVE NOT BEEN TAKEN)
- A RECENT PHOTOGRAPH OF YOURSELF
- OPTIONAL: ANY ADDITIONAL MATERIALS WHICH YOU BELIEVE SUPPLEMENT YOUR APPLICATION

PLEASE NOTE: NO PART OF YOUR APPLICATION WILL BE RETURNED TO YOU. PLEASE DO NOT SUBMIT ORIGINAL OR SINGLE COPIES OF ANY DOCUMENTS THAT YOU WISH TO KEEP.

STATEMENT OF YOUR APPLICATION'S AUTHENTICITY

To the best of my knowledge, all information provided in my [my child's] application package is truthful and accurate. My [My child's] essays are the product of my [his or her] original thought and expression. By submitting this application package, I give the Payne Academy permission to contact my [my child's] current school or any teacher(s) who provided a recommendation.

| | |
|-------------------|------|
| STUDENT SIGNATURE | DATE |
| PARENT SIGNATURE | DATE |

TEACHER RECOMMENDATION

TO THE APPLICANT: Print your name below, and then give this form to a classroom teacher. Your recommending teacher should be someone who knows you well and can support your application with insightful and helpful information about your scholastic performance. Two teacher recommendations are required. Also, sign below to acknowledge that you are waiving your right to read your teachers' recommendations.

| | | |
|----------------|--|--------|
| YOUR LAST NAME | FIRST | MIDDLE |
| YOUR TELEPHONE | DATE SUBMITTED TO RECOMMENDING TEACHER | |

I request that this evaluation be sent to the Payne Academy, in care of Coordinator Laura Zinke. I understand that it will be used in the review of my candidacy for admission to the Academy. I further understand that I will not have (and will not seek) access to the contents of this evaluation document.

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|

TO THE TEACHER: The above-named student is applying for admission to the Payne Academy, a gifted school within the Tempe Union High School District. Please provide the following information to the best of your knowledge. Also, a brief letter of recommendation on behalf of this candidate would be extremely helpful to us. Reflect on this student's ability to readily grasp new material, to effectively analyze information, and to enthusiastically engage in the development of his or her own intellect. Include your thoughts on what distinguishes this student from his or her peers. Please send this form, along with your letter, to the Payne Academy, c/o Laura Zinke, 1830 East Del Rio Drive, Tempe, AZ 85282.

| | |
|---|-----------------|
| YOUR NAME | |
| YOUR TEACHING AREA(S) | |
| YOUR SCHOOL | |
| YOUR SCHOOL ADDRESS (IF NOT IN THE TEMPE OR KYRENE DISTRICTS) | |
| NUMBER OF YEARS YOU'VE TAUGHT | SUBJECTS TAUGHT |
| HOW LONG HAVE YOU KNOWN THIS STUDENT? | |
| IN WHAT COURSES HAVE YOU TAUGHT THIS STUDENT? | |

In the following categories, compare this student to other students that you have taught. Note that an "exceptional" rating should be reserved for those very few, truly remarkable students you've taught during the span of your career.

| | | | | |
|--|-------------------------------|-------------------------------|------------------------------------|--------------------------------------|
| ORIGINALITY IN SOLVING PROBLEMS | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> EXCEPTIONAL |
| THOROUGHNESS IN PURSUING COURSEWORK | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> EXCEPTIONAL |
| ABILITY TO GRASP DIFFICULT CONCEPTS | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> EXCEPTIONAL |
| EFFECTIVENESS IN GROUP PROBLEM-SOLVING | <input type="checkbox"/> FAIR | <input type="checkbox"/> GOOD | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> EXCEPTIONAL |
| HOW HAS THIS STUDENT ACHIEVED GOOD GRADES IN YOUR COURSE(S)? PLEASE CHECK THOSE MOST APPLICABLE. | | | | |
| <input type="checkbox"/> BY CONSTANT HARD WORK <input type="checkbox"/> BY GRADE CONSCIOUSNESS <input type="checkbox"/> BY VIRTUE OF MEMORIZATION <input type="checkbox"/> BY BRILLIANCE OF MIND | | | | |
| COMPARED TO OTHER STUDENTS, OVERALL, HOW WOULD YOU RATE THIS STUDENT? IF YOU CHECK "ONE OF THE TOP FEW", PLEASE EXPLAIN IN YOUR LETTER. | | | | |
| <input type="checkbox"/> GOOD (ABOVE AVERAGE) <input type="checkbox"/> EXCELLENT (TOP 10%) <input type="checkbox"/> OUTSTANDING (TOP 5%) <input type="checkbox"/> ONE OF THE TOP FEW EVER TAUGHT | | | | |

THANK YOU SINCERELY FOR THE TIME AND THOUGHT YOU HAVE INVESTED IN PREPARING THIS RECOMMENDATION.

TEACHER RECOMMENDATION

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