

Please complete this form and email directly to the Davidson Institute, ysapps@dauidsongifted.org or fax to 775-562-9020. **Confirmation of receipt will be sent via email within 3 to 5 business days; please do not call to confirm receipt unless you experience technical difficulties.** Only *complete* applications received by the 1st of each month will be sent to review.

Please download the free Adobe Acrobat Reader <http://get.adobe.com/reader> before filling out this form. (Without Adobe Acrobat Reader, the form will look filled in, but all information will be lost in the submission process.)

By checking the following, I attest that my child:

- Is a U.S. citizen or Permanent Resident of the United States;
- Is 5 to 16 years old at the time of application;
- Resides in the United States or is stationed overseas due to parents' active U.S. military duty (services to U.S. military families overseas may be limited);
- Meets or exceeds minimum qualification criteria.

Evidence of extreme intellectual ability included in application (at least two are required). Only items listed on the Qualifying Tests and Score Guidelines <http://www.DavidsonGifted.org/YSQualify> will be considered for qualification:

- IQ Test
- Achievement/College Placement Test
- Portfolio Items with explanation (at least four)

PART 1: General Information

Applicant

First Name _____ MI _____ Last Name _____
 Nickname _____ Female Male Date of Birth _____ Age _____
 Home Address _____
 City _____ State _____ Zip _____

Have you previously applied to the Young Scholars Program for this applicant? Yes: Date Applied _____ No

Parents/Guardians

(Check one: Ms. Mrs. Mr. Dr. Professor)

First Name _____ MI _____ Last Name _____
 Same as above Home Address _____
 City _____ State _____ Zip _____
 Occupation _____ Employer _____
 Home Phone _____ Cellular Phone _____
 E-Mail _____ Relation to Applicant _____

(Check one: Ms. Mrs. Mr. Dr. Professor)

First Name _____ MI _____ Last Name _____
 Same as above Home Address _____
 City _____ State _____ Zip _____
 Occupation _____ Employer _____
 Home Phone _____ Cellular Phone _____
 E-Mail _____ Relation to Applicant _____
 Marital Status of Parents _____ If applicable, who is the custodial parent? _____

Siblings

Name _____	Age _____	Gender _____	Young Scholar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Age _____	Gender _____	Young Scholar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Age _____	Gender _____	Young Scholar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Age _____	Gender _____	Young Scholar	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Applicant's First Name _____ Last Name _____

5. What is he/she currently doing to develop these talents?

6. What is your role in assisting your child/adolescent to develop his/her talents?

7. Describe the three most challenging aspects of parenting this child/adolescent.

8. How do you see the Young Scholars program assisting you, particularly in the areas of academic support, educational advocacy, talent development, and social/emotional development?



Applicant's First Name _____ Last Name _____

PART 3: Academic Information

Describe the applicant's schooling situation below. *These entities will **NOT** be contacted by the Institute without your permission.*

SCHOOL <input type="radio"/> Public <input type="radio"/> Private		<input type="radio"/> Full Time <input type="radio"/> Part Time
<input type="radio"/> Preschool <input type="radio"/> Elementary <input type="radio"/> Middle <input type="radio"/> High <input type="radio"/> Other		Is this a school for gifted students? <input type="radio"/> Yes <input type="radio"/> No
Name of School		
Grade(s) in which applicant has most recently been enrolled		
Is the applicant accelerated? <input type="radio"/> Yes: Full Grade(s) <input type="radio"/> Yes: Partial <input type="radio"/> No <i>If you indicated Yes: Partial, in what subjects is your child/adolescent accelerated:</i>		
COLLEGE OR UNIVERSITY <input type="radio"/> Full Time <input type="radio"/> Part Time		Is this an Early Entrance Program? <input type="radio"/> Yes <input type="radio"/> No
Name of College or University		
Date Entered		
Course(s) in which applicant is currently enrolled		

HOMESCHOOL <input type="radio"/> Full Time <input type="radio"/> Part Time	
Current Curriculum Topic & Materials	Developmental or Grade Level of Materials
Math	
Science	
Reading/Language Arts	
Writing	
History/Social Studies	
Music	
Other	

DISTANCE LEARNING <input type="radio"/> Full Time <input type="radio"/> Part Time
Name of Program(s)
Course(s) in which applicant is currently enrolled



Applicant's First Name _____ Last Name _____

PART 4: Recommendation Form

One recommendation form is required and must be submitted directly to The Davidson Institute. Information provided on the recommendation form will be held in strict confidence and is the sole property of the Institute. A Recommendation Form arriving prior to the Young Scholar application will be kept on file.

Please list the name for the individual(s) you have asked to complete a Recommendation Form. This must be someone outside the family who did not administer testing to the applicant.

(Check one: Ms. Mrs. Mr. Dr. Professor)

First Name _____ Last Name _____

PART 5: If applicable, both parents/guardians must enter names

Initials I/We attest that my/our child/adolescent has never demonstrated or threatened violence, harm, or other behavior that is grossly inappropriate toward any other person or to himself or herself or that otherwise indicates violent tendencies or other disturbing behaviors. I understand the Davidson Institute reserves the right to request, at any time, information regarding a history of violence, threats of violence or other behavior that is grossly inappropriate and may in its sole discretion decide to terminate my child/adolescent from the program.

I HAVE HAVE NOT consulted a psychologist or psychiatrist with regard to any form of inappropriate behavior or other psychological problems with respect to my child/adolescent.

If you indicated "have," a complete copy of any and all psychological reports, signed by the psychologist or psychiatrist, must be submitted to the Institute as attachments to this application.

By checking this box and submitting this Davidson Young Scholars Application I attest that to the best of my knowledge all of the information stated herein is accurate and true and does not omit any material information.

Parent Name _____ Date _____

Parent Name _____ Date _____

How did you first hear about the Davidson Young Scholars Program?		
Internet <input type="checkbox"/> Google Search <input type="checkbox"/>	Hoagies' Gifted Education <input type="checkbox"/>	<i>Genius Denied</i> or www.GeniusDenied.com <input type="checkbox"/>
Convention/ Conference <input type="checkbox"/> <i>Please indicate convention title:</i>	Print or News Media <input type="checkbox"/> <i>Please indicate title of publication:</i>	Talent Search <input type="checkbox"/> <i>Please indicate which talent search:</i>
Other <input type="checkbox"/> <i>Please indicate:</i>	Referral from YS Parent <input type="checkbox"/>	Twitter/Facebook <input type="checkbox"/>

The Davidson Institute for Talent Development
Davidson Young Scholars Program
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www.DavidsonGifted.org