

# innovationisrael

# Student Application 2010

## Creative Summer Program

Please print clearly in black ink

Mail by March 15th together with

Health Forms

Send to: innovationisrael  
1 Linmoor Terrace, Lexington, MA  
02420

Grade Entering  
Fall, 2010

Date of Application \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number and Street

Town/City

State

Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Fax (\_\_\_\_) \_\_\_\_\_

Student Phone (\_\_\_\_) \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's E-mail Address \_\_\_\_\_

Father's Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex  Female  Male

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Number and Street

Town/City

State

Zip

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone(\_\_\_\_) \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

Applicant lives with: (please circle)    Both Parents    Mother    Father    Guardian    Other

If other than parent, list name and relationship \_\_\_\_\_

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Please list your siblings: Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grandparents' Name \_\_\_\_\_

Grandparents Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Organizations or congregations with which your family is affiliated:

\_\_\_\_\_  
\_\_\_\_\_

If attending Hebrew School, please name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This application will be processed upon receipt of a \$700.00 deposit, of which \$100.00 is a non-refundable registration fee.**

**Please list the names of two adults that know you well and who are not relatives. They can be teachers, coaches, or other adults with whom you have interacted over a period of time at least as long as an academic year. Please ask their permission to list them as a reference. We will call them on the phone after arranging a time by email. Note: These will be the same two adults writing your recommendations/Forms for recommendations follow this application form.**

**Reference 1:**

**Name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Reference 2:**

**Name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_



**This evaluation is due April 1<sup>st</sup>.**  
*The application process is not complete until we receive this evaluation.*

**Evaluation must be typed  
or printed in BLACK ink**

**TO BE FILLED OUT BY APPLICANT**

Final acceptance to the InnovationIsrael creative summer program is contingent upon receipt of this evaluation. Please complete all information in the two boxes on this page, except for the evaluator's signature. Give the form, along with a stamped envelope addressed to InnovationIsrael, to a teacher or guidance counselor who knows you well. Address the envelope to:

InnovationIsrael, 1 Linmoor Terrace, Lexington, MA 02420

Name of Student \_\_\_\_\_ Student Phone \_\_\_\_\_

Student Address \_\_\_\_\_

Under the provision of the Family Rights and Privacy Act, I waive any right of access that I might have to this evaluation form.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO BE FILLED OUT BY EVALUATOR**

Upon completion of this form, sign below and return the evaluation directly to InnovationIsrael.

Name of Evaluator \_\_\_\_\_ School Name \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Evaluators:  
The purpose of this evaluation is to help us better serve students while they are at InnovationIsrael during the summer. We strongly encourage you to be candid and thorough in your responses. Thank you for taking the time to complete this form. We appreciate your assistance.

How long have you known the student? \_\_\_\_\_ Please indicate the student's grade next year \_\_\_\_\_  
In what capacity do you know the student? \_\_\_\_\_

About the InnovationIsrael Program  
InnovationIsrael is a 4 week program in Israel during the months of June-July 2010. During that time, the student will be involved in a variety of activities that call for a youngster who is curious, interested, self motivated and social. He/she will be taking 2 morning classes for two weeks at Tel Aviv University. These are courses in a college-seminar style, with a lot of participation and hands on work. The program takes the students to some of the most advanced facilities in the world, in the sciences, technologies and the arts, for the student to observe, understand, and interact. The student will have a variety of experiences that involve connecting with a different culture, participating and interacting, giving of one self, and demonstrating creativity and emotional involvement. In addition, the student will be involved in traveling and physical activity outdoors in a group environment.

Name of Student \_\_\_\_\_

**TO BE FILLED OUT BY EVALUATOR**

Please rate the candidate in the categories listed below.

Academic Activity:	Exceptional Student	Good Student	Capable of Satisfactory Work	Marginal Ability or Questionable Motivation	Poor Academic Risk
Interest in learning:	Outstanding	Good	Average	Weak	Absent
Motivation	Outstanding and Very Resourceful	Well-Above Average	Generally Strong Enough	Occasionally Weak or Lacking	Very Weak
Maturity	Excellent	Good	Acceptable	Rare	Lacking
Self-confidence	Very high but considerate of others	Good level	Sufficient	not enough at times	Problematic
Ability to be part of a group	Excellent	Fair	Sometimes lacking	very much a loner	unable
Integrity:	Exceptional	Excellent	Average and No Cause to Question	Weak or Questionable	Very Weak
Relates to teachers	Very well	Well	Without conflicts	Sometimes conflicted	Not at all

Has the applicant participated in or initiated disorderly or disruptive conduct? Yes\_\_\_\_ No\_\_\_\_

If yes, describe \_\_\_\_\_

Does the applicant relate well to other students? Yes\_\_\_\_ No\_\_\_\_

If not always or no, describe \_\_\_\_\_

If there is anything which you would prefer to discuss by telephone, please note here and we will contact you.

Please describe the student whom you are evaluating to the best of your knowledge. Please note how, in your view, he/she might profit from this experience. Please describe if you consider the student capable of handling a program of activities that require attention and interest. Your recommendation will remain confidential. Please use as much space as you consider necessary (using an extra page or the back of this one). Thank you for your help to our program and your student.