

HEALTH/MEDICAL INFORMATION

Program activities can be physically and socially demanding. We expect students to be in good physical/mental health. If you have any conditions/concerns (including but not limited to allergies, injuries, learning difficulties) that you feel may inhibit your participation in any of the activities, please describe below. All details will be held with the utmost confidence and privacy. **Please attach your Immunization Record, available from your school nurse or family physician.**

EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES

What do you do for fun? **Please attach a descriptive list of your extracurricular activities**, including the grade levels at which you participated and the amount of time invested in each activity. Feel free to include anything that is important to you: volunteer work, summer activities, employment, hobbies, clubs, teams, independent research, etc.

APPLICATION QUESTIONS

Please respond to each of the following four questions on a **separate sheet**. Please number each response to correspond to the appropriate question. If you choose to handwrite your answers, make sure your handwriting is legible.

1. How does your past academic record reflect your ability and potential?
2. Discuss your most rewarding *nonacademic* experience. This could include travel, a hobby, membership in a club or organization, a cultural activity, employment, or community service.
3. What subjects are you interested in?
4. Tell us why you would be a good fit for this program and what you hope to gain through participation.
5. How did you learn about this program? (email, advertisement, friends, website, etc.)

My signature below indicates that all information and documentation in my application is complete, factually correct, and honestly presented.

Signature: _____

Date: _____

Signature of Parent/Guardian : _____ Date: _____

Within two weeks of acceptance into a program a non-refundable deposit of \$500 is required.

Please send all applications, via fax, email, or regular mail, to the following:

College of the Atlantic – Summer Field Institute

Attention: Marie Stivers

College of the Atlantic, 105 Eden Street, Bar Harbor, ME 04609

Phone: (207) 801-5631

Website: www.coa.edu

Fax: (207) 288-3780

Email: mstivers@coa.edu

Early Bird Applications (\$200 discount) are due on or before March 30th, 2012

Regular applications due April 30th, 2012

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We will confirm with you via e-mail when we have received your completed application. If you do not hear from us within two to three weeks, please inquire.

We will review and process applications as they arrive, so the earlier you submit yours, the faster the response. The Selection Committee will make all final decisions by Friday, May 25th, 2012. All applicants will be notified via email or in writing of their admission status.

Fees and Financial Aid

The comprehensive program fee of \$3,750 covers tuition, room, meals, and all instructional materials.

Limited financial aid is available. Requests for financial aid have no effect on an applicant's prospects for admission. In order to be considered for financial aid, please submit the one page financial aid form included with this application.

Cancellation Policy

Cancellation notification must be made in writing. Refunds (minus the \$500 nonrefundable deposit) will be considered in the case of documented health or family emergencies. **Cancellations received less than two weeks prior to program start date, and no shows, will be subject to full payment. Final payment is due no later than June 15, 2012 unless other arrangements are made.**

Application Checklist:

Please be sure to include the following in your Completed Application:

Personal & Educational Data

Health/Medical Information (*including Immunization Record*)

Extracurricular, Personal, and Volunteer Activities (*separate sheet*)

Application Questions (*all 5 Answers on a separate sheet*)

Completed Financial Aid Form, if applicable.

Teacher Evaluation submitted to a Teacher/Advisor

Current Transcript

If you have any questions about any aspect of the application, or the selection process, please contact Marie Stivers directly at mstivers@coa.edu or (207) 801-5631.



SUMMER FIELD INSTITUTE

COLLEGE OF THE ATLANTIC

Teacher Evaluation/Recommendation

Please check one program

Islands Through Time

Rivers: A Wilderness Odyssey

Farm to Fork: Bringing Our Food Home

Student name:

Address:

School:

I authorize _____ to complete this teacher recommendation for my application to College of the Atlantic, and waive my access to the completed form.

Student's signature

To the Candidate:

After you have filled in the above section, give this form to a teacher who knows you well and who has agreed to submit a reference for you.

To the Teacher:

College of the Atlantic is a fully accredited, coeducational four-year college located in Bar Harbor, Maine, offering a Bachelor of Arts and a Master's of Philosophy in Human Ecology. COA's high school programs (<http://www.coa.edu/highschoolstudentprograms.htm>) provide high school juniors and seniors with opportunities to reflect on their place in the world and to develop skills to use in college and beyond while earning college credit. We are looking for a select group of students willing to take advantage of a unique educational opportunity at a pivotal moment in their lives. Our classrooms include canoes on the river, farm fields, rocky island shores and the woods and waters of Maine and Acadia National Park. Here students explore the connections between science, art, and the humanities while they engage in an intensive program combining academic work with field experiences

Through the course of a program students could:

- Immerse themselves in ecology, culture, and history of Down East Maine, learning from an interdisciplinary perspective;
- Explore writing and literature with college professors;

- Develop skills and potential in creative expression through various forms of media.
- Challenge themselves, both intellectually and personally, through hands-on group experiences, study, and reflection

The Admission Committee appreciates your assistance in determining whether this applicant is well suited to take part in one of our programs. We are interested in a student's academic accomplishments, intellectual strengths and weaknesses, and personal qualities, such as a student's maturity compared to his or her peers, the standards this student sets for himself/herself, and the ease and probability of the student's learning in an environment requiring a high degree of self-motivation.

Confidentiality:

We value your comments highly and ask that you complete this form in the knowledge that it will not become part of the student's permanent file.

QUESTIONS:

1. How long have you known this student, and in what context?

2. What are the first words that come to your mind to describe this student?

3. In what courses have you taught the student? Note for each course the student's year in school (9th, 10th, 11th, 12th) and the level of course difficulty (AP, accelerated, honors, elective, etc.):

4. College of the Atlantic's high school programs are small with students playing a large role in discussion and debate. How do you think the candidate would function in such a program?

Evaluation:

Please feel free to write whatever you think is important about the student, including a description of academic and personal characteristics. We are particularly interested in evidence of the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents and enthusiasm. We welcome information

that will help us to differentiate this student from others. Your frank evaluation, which includes anecdotes and specific illustrations, will be most helpful. Please attach a separate letter, if you prefer.

Ratings:

Compared to other college-bound students whom you have taught, check how you would rate this student in terms of academic skills and potential:

Please rate the student 1 to 5. 1= Low 5=High

Creative, original thought	
Motivation	
Independence, Initiative	
Intellectual Ability	
Academic achievement	
Written expression of ideas	
Effective class discussion	
Disciplined work habits	
Potential for growth	

Teacher's Signature _____

Teacher's Name _____ Date _____

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SUMMER FIELD INSTITUTE

COLLEGE OF THE ATLANTIC

COLLEGE OF THE ATLANTIC Financial Aid Application – Due with Program Application Summer Field Institute 2012

STUDENT'S INFORMATION

Student's Last Name	First Name	M.I.	Birthdate (Month/Day/Year)	SSN	
Permanent Address/Street Number		City	State	Zip	Telephone
School Address/Street Number	Dorm/Apt. Number	City	State	Zip	Cell

PARENTS' INFORMATION

Mother's Last Name	First Name	Phone	Email
Father's Last Name	First Name	Phone	Email

Student resides with _____

Combined household Income (all sources) per month: _____

Number of children/dependents in household: _____

Number of children in college or for whom you pay tuition _____

Child support paid or received _____

PLEASE INCLUDE PAGES 1 AND 2 OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN FOR ALL WAGE EARNERS IN YOU HOUSEHOLD
(Please do not include any schedules)

Please list any extenuating circumstances that we should consider.
