GCCISD Junior Robotics Team Student Application 2012-13

GCCISD Junior Robotics Team members will be selected from a pool of 5th – 8th grade applicants. Each student wishing to apply for team membership must complete the following application and attach a resume as well as a letter of recommendation from a GCCISD teacher. Applications may be mailed or faxed (281-420-4447) to the attention of Carol Mitchell at the following address or dropped off at the GCCISD Administration Building to the attention of Carol Mitchell. Applications must be received by **Tuesday**, **September 25**. [If you run out of space when attempting to answer a question, please attach additional paper.]

Goose Creek CISD
Attn: Carol Mitchell
PO Box 30
Baytown, TX 77522
cemitchell@gccisd.net
Fax # 281-420-4447

Applicant's Name:	Date:	Date:	
Grade Level:	Campus:Birth Date:		
Homeroom Teach			
Parent Name:	Home Phone:	•	
Cell Phone:	Work Phone:	_	
Mailing Address: _			
		_	
E-mail Address: _		_	
	any prior experience working with a robotics team? If so, please explain.		

2. What positive characteristics would make you a good member of a GCCISD Junior Robotics Team?

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3.	. What does the word <u>teamwork</u> mean to you?	
4.	. Why would you like to be a member of a GCCIS	D Junior Robotics Team?
5.	. What is your favorite subject in school? Why is	t your favorite subject?
6.	. As a potential member of a GCCISD Junior Rob member.	otics Team, describe the perfect team
7.	Attach a resume. Your one page resume may be of participation in team activities and competition could include, but are not limited to: UIL, fine are (Applications without resumes will not be accepted.)	in school or the community. Examples is, scouting, and community service.
8.	Ask a previous teacher to complete the attached must complete and send the recommendation paragraph of GCCISD Administration Building. List the name recommendation packet for you. (Applications not be accepted.)	acket directly to Carol Mitchell at the of the teacher who is completing the
	Teacher Name	 Campus

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TRANSPORTATION STATEMENT

I understand that transportation to and from team practices must be provided by the parent/guardian. Practices will occur approximately twice a week during the months of October through December from 4:00 – 6:00 p.m.
SIGNATURE OF PARENT/GUARDIAN
TUDENT STATEMENT
The answers submitted to the above questions were completed independently and reflect my personal thoughts and experiences.
SIGNATURE OF STUDENT
ARENT STATEMENT
I confirm that the attached answers submitted reflect the independent thought and work omy child.
SIGNATURE OF PARENT/GUARDIAN