

**GCCISD JUNIOR ROBOTICS TEAM**  
**Student Application**  
**2009-2010**

GCCISD Junior Robotics Team members will be selected from a pool of 5<sup>th</sup> – 8<sup>th</sup> 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. Applicants who are selected to be members of a 2009-2010 GCCISD Junior Robotics Team must be prepared to attend the first practice session scheduled for September 22, 2009. 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 **September 11, 2009**. *[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

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Campus: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. Do you have 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 teamwork mean to you?
  
  
  
  
  
  
  
  
  
  
4. Why would you like to be a member of a GCCISD Junior Robotics Team?
  
  
  
  
  
  
  
  
  
  
5. What is your favorite subject in school? Why is it your favorite subject?
  
  
  
  
  
  
  
  
  
  
6. As a potential member of a GCCISD Junior Robotics Team, describe the perfect team member.
  
  
  
  
  
  
  
  
  
  
7. Attach a resume. Your one page resume may be creative and should include examples of participation in team activities and competition in school or the community. Examples could include, but are not limited to: UIL, fine arts, scouting, and community service.  
***(Applications without resumes will not be accepted.)***
  
  
  
  
  
  
  
  
  
  
8. Attach a letter of recommendation from a GCCISD teacher.  
***(Applications without a letter of recommendation will not be accepted.)***

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**PARENT/GUARDIAN QUESTION**

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. As a parent/guardian, if you can commit to providing transportation to and from the practice location, please sign in the following box.

***SIGNATURE OF PARENT/GUARDIAN***

**STUDENT STATEMENT**

The answers submitted to the above questions, were completed independently and reflect my personal thoughts and experiences.

***SIGNATURE OF STUDENT***

**PARENT STATEMENT**

I confirm that the answers submitted above reflect the independent thought and work of the student applicant above.

***SIGNATURE OF PARENT/GUARDIAN***

\_\_\_\_\_  
***Date***