



GEMS ACADEMY APPLICATION

Please complete the following information as accurately as possible. After reviewing the requirements for this program, please turn in a completed application packet to ATTN: Marsha F. Williams, GEMS Academy Program, 3016 Bracktown Road, Lexington, KY 40511. Incomplete application packets will not be processed.

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Grade Level: _____ School: _____

Name of Parent(s)/Guardian: _____

Address: _____
(If different from applicant)

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

ELIGIBILITY REQUIREMENTS

I have attached the following required documents:

_____ **Copy of most recent report card**

_____ **Two references** (one from your current principal or teacher; one from a community or church representative)

_____ **250 word essay** stating why she wants to be in this program and what makes her a good candidate

POSTMARK DEADLINE: JULY 3, 2010