

LEGISLATIVE SHADOW PROGRAM*

APPLICATION AND RECOMMENDATION FORM

*For Students in Grades 8 - 12

10th Annual LEGISLATIVE DAY 2009 AT THE CAPITOL: CELEBRATING EXCELLENCE
Thursday, FEBRUARY 19, 2009

Sponsored by Colorado Association for Gifted and Talented

1. APPLICANT INFORMATION (PLEASE PRINT CLEARLY IN BLACK INK ONLY):

STUDENT NAME: _____ GRADE: _____

COMPLETE MAILING ADDRESS: _____
(Print clearly street, city, zip code)

PRINT E-mail ADDRESS: _____ HOME PHONE # _____

SCHOOL: _____ SCHOOL DISTRICT: _____

2. Required Information: STATE SENATE DISTRICT NO.: _____ STATE HOUSE DISTRICT NO.: _____ (See www.congress.org for locating your state legislators)
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3. Do you have a **preference for a legislator** to shadow? Yes [] No []

If yes, who is your preference? _____

4. **Please respond to the following question in 300 words or less***: *What particular state legislative issue would you like to discuss with your assigned legislator? Explain why it is important to you.*

*[NOTE: Priority will be given to applicants who provide typed, well-written, thoughtful responses.]

5. TEACHER RECOMMENDATION

This student has been identified for the gifted and talented program at our school. I believe this student is a good candidate to be a legislative shadow because: _____

Recommending Teacher's Name (please print): _____ Phone #: _____

Teacher's Signature: _____ Teacher's E-mail Address (PRINT): _____

6. PARENT AUTHORIZATION and WAIVER OF LIABILITY

I understand that if selected as a shadow, my child will be unsupervised by representatives of the Colorado Association for Gifted and Talented (CAGT) while at the Capitol and History Museum. CAGT and its representatives and contractors do not assume responsibility for the safety and health of participants. Therefore, I (a) will accompany or send another adult to accompany my child to and from the Colorado Capitol, or (b) give my child permission to walk to and from the Capitol and the History Museum unaccompanied, and hereby release from all liability and claims, indemnify and hold harmless CAGT, its contractors, representatives and organizers of this event. In addition, by signing and submitting the application for student shadowing and/or registering to participate in the CAGT Legislative Day activities, the student's parent/guardian consents to photographs being taken of your student while participating in these activities and the use of such photographs by CAGT and/or news media to report and publicize these activities on the CAGT website and through other media.

PARENT/GUARDIAN (please print): _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____

Parent's E-mail Address: _____

7. ALL SEGMENTS OF THIS APPLICATION FORM MUST BE RECEIVED BY THE CAGT OFFICE NO LATER THAN MONDAY, FEBRUARY 1, 2009 in order to be considered for placement as a student shadow.

If any of sections 1 -6 of this application form have not been completed, the application will not be accepted. CAGT strongly encourages the parent and student to complete the registration, payment and student shadow application electronically using the CAGT website: www.coloradogifted.org. Registration and payment may be completed on paper and mailed with payment of \$25.00 per person (payable to CAGT) to **CAGT, P.O. Box 460182, Aurora, CO 80046-0182**.

8. For questions, please contact CAGT at 303.520.4887 or by email at cagt@aol.com.

>> Application Forms may be faxed to 303.690.4257. (Include cover sheet with clearly printed contact information in BLACK INK.)

>> For additional information and ideas for preparing for Legislative Day please log onto the CAGT website: www.coloradogifted.org

>> Limited scholarships are available based on need.

>> GT Coordinators and teachers are asked to support this event and to encourage diversity in the applicant pools.