Yes! I want to attend a Governor’s Institutes of Vermont Winter Weekend Institute. I am a \_\_\_th grader at

**Winter Weekend**

**Registration Form**

Apply before Jan 15, 2018

***Apply early! Spaces will fill!***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ high school.

**In the chart below please put a 1 next to your first choice and a 2 next to your second choice.** Your 1st and 2nd choices can be on different weekends. Your 2nd choice is used if your 1st choice is full. If you don’t have a second choice, please leave that blank.) To read more about the topics, please visit [www.giv.org/institutes/winter](http://www.giv.org/institutes/winter).

**Winter Weekend 1 – Goddard College Winter Weekend 2 – Goddard College**

|  |  |  |  |
| --- | --- | --- | --- |
|   | February 9th – 11th  | February 23th – 25th  |  |
|  | **Social Entrepreneurship** | **AstroPhotography** |  |
|  | **Global Education and Youth Voice** | **Debate and National Issues** |  |
|  | **Disaster Health and Epidemiology** | **Directing Theatre** |  |
|  | **Design/Build Engineering** | **World Musicology** |  |
|  | **Creative Writing Workshop** | **Intermediate Robotics** |  |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High school graduation year \_\_\_\_\_\_\_\_

Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-identified gender \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Trans/non-binary

Do you have a preferred pronoun? \_\_\_\_ Yes \_\_\_\_ No If yes, what \_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell) \_\_\_\_\_\_\_\_\_\_ \_\_\_(home) \_\_ \_\_(work)\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell) \_\_\_\_\_\_\_\_\_\_ \_\_\_(home) \_\_ \_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about GIV? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended a Governor’s Institute? \_\_Yes \_\_No Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your parents need materials provided in a language other than English? Y N Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GIV Winter Weekend**

**2018**

**Short Essay Questions**

**Tell us about yourself!**

Your answers to these questions contribute to our admissions decisions. Aim for 3-5 sentences for each question.

1. **Tell us about your interest in your 1st choice topic. What draws you into it? If you have had experience with it in the past, please tell us about it.**
2. **Why are you hoping to attend and what do you hope to gain from your Governor’s Institute Winter Weekend?**

**GIV Winter Weekend 2018**

**Parent Releases &**

**Tuition Acceptance Form**

Please have your **parent or guardian** complete this form and sign in the spaces provided below.

I fully support my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in attending the Governor’s Institutes Winter Weekend in February of 2018.

I understand that there are risks of serious and minor injury inherent in activities during the Governor’s Institutes. I acknowledge that all risks cannot be prevented and I agree to hold harmless the Governor’s Institutes of Vermont, its directors, officers, employees and agents from any and all liability, claims or causes of action arising out of my child’s participating in activities associated with this program. I warrant that my child’s health is fully described on the attached page and that he/she has no medical condition that with or without reasonable accommodation would prevent my child from participating in such activities. I agree that in the event of an emergency, treatment may be provided to my child by a physician selected by the Governor’s Institutes of Vermont and that I will be financially responsible for any costs associated with such treatment and services, such as ambulance service. I give my child permission to participate in all program-related activities, except as specified on the Health Form.

 Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that group and individual photos and videos are often taken during the Institute and acknowledge that the Governor’s Institutes of Vermont may use, reproduce or distribute any photographs, slides, video or other similar material associated with the Institute and related events and activities for promotional and archival purposes including websites.

 Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any specific needs or potential challenges that we should be made aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Tuition Selection - Check One:**

 **Full tuition of $295 is enclosed**

 **I am sending in an application for sliding scale tuition and a check for the tuition remainder I have requested**. If any additional balance is due, I will be notified by January 25, 2018. (Checks are not cashed until the student is accepted. If the student is not accepted, we will send you back your uncashed check.)

*If you would like to talk to a GIV staff member about setting up a payment plan, please call 865-4GIV.*

 Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

**GIV Winter Weekend 2018**

**Tuition Information**

**Regular Winter Weekend tuition is $295.**

Full payment is due at the time the application is submitted.

If your student is not admitted, your check will be returned uncashed.

 **Need Based Sliding Scale**

Students whose family incomes fall in the shaded area or those with extenuating circumstances affecting their ability to pay may choose to submit aid applications and income tax documentation to qualify for lower rates. If you are applying for tuition reduction, please submit a check with your application for the amount matching your request. If we cannot accommodate it, we will let you know.

**Please select the highest tuition level your**

**family can comfortably afford to help keep GIV affordable for all students.**

|  |  |  |  |
| --- | --- | --- | --- |
| *Annual Family Income* | *$0-$20,000\** | *$20-$45,000\** | *Over $45,000* |
| Sliding Scale | $10 | $150 | $295 |

**HELPFUL HINTS:**

* For a split household, please combine both family incomes.
* Extenuating circumstances can include anything that affects your ability to pay, such as job loss, family size, elder parent care, storm damage, siblings in college, illness or injury, etc.  Please send us a note describing the situation so that we can try to accommodate you and your family.
* Some schools, organizations and agencies pay for tuition. If you are a student/participant in a school that pays for outside activities or any of the following agencies, please check with them **first** regarding tuition assistance: *VSAC, Vocational Rehab, Foster Care Agencies, Vermont Adult Learning.*

Full refunds are available for the duration of the registration period. Once enrollment lists are set on January 24, 2018, tuition becomes non-refundable.

**GIV Winter Weekend 2018**

**Sliding Scale Tuition Application**

*\*Please fill out this form* ***only*** *if you are applying for reduced tuition based on need.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Resources:**

Income from wages, salaries, tips, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unearned income (gifts, social security benefits, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current value of student’s savings and investments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of trust fund of which student is beneficiary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year, make and model of student’s car \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Resources:**

Adjusted gross income (bottom of 1st page of federal tax return) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent A wages $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent B wages $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nontaxable income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(child support, pension plan, unemployment compensation, etc.)

Household: Own home Rent (please circle)

Applicable tuition from GIV sliding scale tuition chart $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition level that you are requesting? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are applying for tuition lower than the recommended level for your income because of extenuating circumstances, please attach a brief description of your needs.*

*Please consider that GIV’s financial aid funds are limited. Ask only for what you need in order to ensure enough resources are available to everyone who needs help.*

**Your signature below certifies that the financial information you have provided is accurate and that you understand, acknowledge, and agree with the following disclosures and requirements.**

*Governor’s Institutes of Vermont will hold my information confidential. GIV has my consent to use it to administer the financial aid program, including aggregate reports and publications that include non-identifying information.*

*It is my responsibility to mail this application in time to meet the deadline of January 15, 2018.*

*I understand that if it is received after this date, it may disqualify me to receive financial aid.*

*I understand financial assistance is awarded on a first-ask, first-serve basis.*

*I understand that once notified of acceptance, it is my responsibility to confirm my student’s attendance promptly and that a delay may result in a loss of financial aid.*

*I acknowledge that every family must contribute some portion towards tuition (either from personal funds or from their own fundraising) and I will pay the required balance if my student is accepted and enrolls.*

 Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please confirm the email address and phone number at which GIV staff can best communicate with you*:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your student’s safety, we mandate full prior disclosure of any health issues that the participant has and reserve the right, in GIV’s sole judgment, not to accept an applicant or to discontinue participation of an accepted applicant for any reason including health. **GIV strives to accommodate all students**. **By signing below, you acknowledge that failure to disclose a known health condition may result in a health problem for your student, your student being sent home, and an additional charge that will be determined at GIV’s sole discretion.**

**GIV Winter Weekend 2018**

**Health & Accommodations Form**

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant’s Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Health Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications – Please list all medications (prescription and non-prescription) that your student will take or may need to take while attending Winter Weekend. **All medications must be in original packaging. Prescription medication containers must include medication, dosage, administration times and prescribing physician.**

□ This person takes medications as follows: □ This person takes no medication on a routine basis.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Reason for Taking | Dosage | Specific Times Taken Each Day |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Can your child be given over-the-counter medications? \_\_\_ Yes \_\_\_ No \_\_\_ Please call before administration

*Examples of over-the-counter meds are Tylenol, cough drops, etc.*

Does your child have asthma? \_\_\_Yes \_\_\_No Does your child carry an inhaler? \_\_\_Yes \_\_\_No

Does your child carry an epi-pen? \_\_\_ Yes \_\_\_ No

Does your child have life threatening allergies? \_\_\_ Yes \_\_\_ No (If yes, please explain)

Does your child have any non-life-threatening allergies? \_\_\_ Yes \_\_\_ No (If yes, please explain)

Is your child currently on a 504/IEP? \_\_\_Yes \_\_\_ No

Has your child missed more than a week of school this year because of mental, physical or emotional health issues? \_\_\_Yes \_\_\_No

If Yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child identify with a gender other than the one assigned at birth? \_\_\_Yes \_\_\_ No

Is your child open to rooming with a transgender student (someone who identifies as same sex but has a different physical gender)? \_\_\_ Yes \_\_\_ No

Is there any additional information about your student’s physical or mental health that would good for us to know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain any restrictions to participation in full program/activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I acknowledge that the health information provided is accurate and complete.**

 Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application packet contains forms for you to fill out and forms that your parent fills out. You will send them all in together to GIV at the address listed above. *Please be sure to use this address and not our old one!*

**Send these Winter Weekend registration forms directly to GIV**, *not* your school. Acceptance letters will be mailed by January 24th, 2018. To make sure your application is reviewed in a timely manner, please be sure that you include everything on the checklist below when returning the application to GIV.

**GIV Winter Weekend 2018 Registration Checklist Form**

**Registration Checklist – With Your Registration Form Please Include:**

\_\_ A completed Health Disclosureform

\_\_ A signed Participant Release

\_\_ A completed Student Tuitionform **with a check made payable to GIV**

 • Tuition includes complete room, board, courses, events and materials.

\_\_ A Sliding Scale Tuition form with Page 1 of your last 1040 or 1040EZ tax forms, if applying for reduced tuition.

 • Financial aid applicants should include a check for the amount they have requested to pay.

Applications are accepted until the programs are full. Students are not considered for admission until they have submitted all registration materials and payment.

**Please mail to: GIV, 20 West Canal St., Suite C5, Winooski, VT 05404**

Questions? Please contact: Susie@giv.org or (802) 865-4GIV