

# **APPLICATION**

# **Lemke Journalism Project**

Return this form, signed by a parent,

to the teacher or office in your school

or it can be faxed to 479-575-4314. You must also get a teacher’s recommendation and send a statement of your own.

**DEADLINE: Jan. 23, 2015**

Student applications are reviewed by the LJP staff, and students are notified through their teachers/counselors. Former LJP participants are given preference for admission. A waiting list will be established for each school and any late applications will automatically go onto the waiting list.

The application consists of three parts:

* Complete the information form below, with parental signature.
* A short sentence or two of recommendation by one of the student's teachers.
* A statement (25-75 words) written by the students about why they want to be in the program, what they are interested in learning and what they expect from the program.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle one:** Grade: 10 11 12

**Circle one**: Fayetteville HS Springdale HS Har-Ber HS

Rogers HS Rogers Heritage HS Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s cell phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents' names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_

**PARENTAL PERMISSION**

Please mark yes or no for the Alternative Transportation and Awards Ceremony permissions and sign at the bottom.

***Dear Parent:*** We hope you will agree to allow your student to attend the Lemke Journalism Project, each Saturday from Feb. 7 – March 14, 2015. **The program is free to students.** Lunch and snacks are provided.

We arrange for a bus to pick up Rogers and Springdale students and bring them to campus and return them to the schools.

If you prefer that your student arrive in another way (you will provide the ride or agree that he/she can ride with a friend), please sign the second permission also. **If not, circle “NO.”**

For more information, call Gina Shelton, 479-575-7255, or e-mail at ginas@uark.edu.

**PARTICIPATE:** I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my permission to attend the Lemke Journalism Project for six Saturdays,

Feb. 7 – March 14, at the University of Arkansas and to ride the bus to and from campus. Students will be notified if weather cancels any session.

**ALTERNATE TRANSPORTATION: YES NO**

I give my permission for my student to take alternative transportation to and from the UA campus.

**AWARDS CEREMONY: YES NO**

I give my permission for my student to leave school early on Thursday, April 9, 2015, to attend the 3 p.m. awards ceremony at the UA campus.

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

Parent’s Signature Date

**TO THE TEACHER:**

Please write a sentence or two about why this student should be accepted into the LJP program. Please be sure to fill in the student’s name.

If you wish, you may attach a statement on a separate piece of paper or email your recommendation to[**ginas@uark.edu**](mailto:kshurlds@uark.edu)

Student’s name ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have recommended this student for LJP because:

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE STUDENT APPLICANT:**

Please write a statement (25-75 words) about why you want to be in the program, what you are interested in learning and what you expect from the program. Also, please sign the short statement agreeing to attend all sessions if you are accepted.

If you wish, you may attach a statement on a separate piece of paper or email your recommendation to[**ginas@uark.edu**](mailto:kshurlds@uark.edu)

Student’s name ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to attend LJP because:

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I understand that the LJP lasts for six Saturdays and I agree that I will attend every session unless I have gotten an excused absence from the director.

Signed: