ACADEMY APPLICATION

Requirements

The following items are required and must be submitted to be eligible for consideration:

- Online Application w/ Essays
- Math Teacher Evaluation Form
- Science Teacher Evaluation Form
- English Teacher Evaluation Form
- Optional Evaluation Form
- School Counselor Form
- 2018-2019 Official Grade Report
- 2019-2020 Official Grade Report
- 2020-2021 First Semester Official Grade Report
- SAT Test Scores (waiver is available for Class of 2024 applicants)

Students enrolled in homeschool programs will need to provide documentation explaining the curriculum, evaluation process, and texts used. Evaluations must be completed by non-family members who know the student’s work well.

Submitting the Application

Student applications must be submitted electronically. The deadline is FEBRUARY 15, 2021. Late applications will not be accepted. If students do not submit their application by the admission deadline, their application will not be reviewed.

All students are strongly encouraged to check their application status online to confirm which documents have been submitted and which we are still waiting for. It is the student’s responsibility to ensure that their application is complete.

APPLICATION CHECKLIST

Application Submitted: Yes

When all sections are completed please click “Next!” to submit your application.

If completion date does not display, please refresh your browser.

| Name and Address – Completed On: October 23, 2020 | Eligibility and Requirements – Completed On: |
| Biographical Information – Completed On: | School Information – Completed On: |
| Parent or Guardian Information – Completed On: | Activities and Awards – Completed On: |
| Optional Statement – Completed On: | Parent Statement – Completed On: |
| Student Essays – Completed On: | Evaluations and Forms – Completed On: |
| Signatures – Completed On: | |

Illinois Mathematics and Science Academy
1500 South Road
Aurora, IL 60504-1000
Tel: 630-907-5000
Fax: 630-907-5877
# Academy Section 1: Name and Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student First Name*</td>
<td>Please do not use ALL CAPS</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Student Last Name*</td>
<td>Please do not use ALL CAPS</td>
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<tr>
<td>Preferred Name (nickname)</td>
<td></td>
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<tr>
<td>Mailing Street*</td>
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<tr>
<td>Mailing City*</td>
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<tr>
<td>Mailing State*</td>
<td>Enter the letter alone: i.e.,</td>
</tr>
<tr>
<td>Mailing Zip/Postal Code*</td>
<td></td>
</tr>
<tr>
<td>County*</td>
<td></td>
</tr>
<tr>
<td>Phone*</td>
<td>(000) 000-0000</td>
</tr>
<tr>
<td>Student Email*</td>
<td></td>
</tr>
<tr>
<td>How did you hear about IMSA?**</td>
<td>*-required</td>
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</tbody>
</table>

*required

Illinois Mathematics and Science Academy
1000 Sullivan Road
Aurora, IL 60506-1000
Tel: 630-907-5000
Fax: 630-907-5887
ACADEMY SECTION 3: BIOGRAPHICAL INFORMATION

Legal Sex:  

Date of Birth (mm/dd/yyyy):  

State/Province of Birth:  

Country of Birth:  

Is English your first language?  

Please indicate any language(s) other than English that is spoken in your home.  

Do you qualify for the Federal Free and Reduced Price Meal Program?  

Are you Hispanic/Latino?  

Please check all that apply.

Race:
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White

* required

Save Section

Illinois Mathematics and Science Academy
1500 Suhren Road
Aurora, IL 60506-9100
Tel: 630-907-5600
Fax: 630-907-5657
Do you attend an out-of-state school or homeschool?

*  

No

Current School

Please enter your current school information below. The "School Name" fields will appear empty if you return to this section after saving; however, the school information has been saved and need not be re-entered.

For both your current and previous school, click on the School First Letter drop-down, then please select the letter that the full name of the school begins with. Then click into the School Name text box. A pop-up window will appear. Please type the complete, official Illinois State Board of Education name of the school in the search bar. For example, "F.L. W. Middle School" may need to be searched as "Frank Lloyd Wright Middle School". Note that the official name may or may not begin with the school district.

School First Letter  

Previous School

Please enter your previous school information below.

Previous School First Letter  

* required

Illinois Mathematics and Science Academy
1500 Sullivan Road
Aurora, IL 60506-1000
Tel: 630-567-3000
Fax: 630-967-0887
SECTION 5: PARENT OR GUARDIAN INFORMATION

Your most recent application is not an ACADAPP application. Please finish that application or create a new application or form 1.

Please provide the following information for the parent or guardian with whom you live.

Parent/Guardian 1 Status*: ---select an item---

Parent/Guardian 1 First Name**: 

Parent/Guardian 1 Last Name**: 

Parent/Guardian 1 Relation to Applicant: ---select an item---

Parent/Guardian 1 Alternate Phone Number*: 500-000-0000

Please provide an alternate email address below (different than the email address provided by the student). This email is used for essential admissions communications including admission decision notifications.

Parent/Guardian 1 Email*: 

Please provide the following information for an additional parent or guardian.

Parent/Guardian 2 Status*: ---select an item---

Parent/Guardian 2 First Name: 

Parent/Guardian 2 Last Name: 

Parent/Guardian 2 Relation to Applicant: ---select an item---

Parent/Guardian 2 Alternate Phone Number*: 500-000-0000

Please provide an alternate email address below (different than the email address provided by the student). This email is used for essential admissions communications including admission decision notifications.

Parent/Guardian 2 Email: 

* required
ACADEMY SECTION 6: ACTIVITIES AND AWARDS

Please list your most meaningful activities and awards received during the past three years. For activities, indicate the years in which you participated, the number of hours per week, and any leadership position held. For awards, indicate the year received and whether won at the local, regional, state or national level.

*PLEASE USE FULL NAME (NOT ACRONYMS) FOR ALL ACTIVITIES AND AWARDS.

*PLEASE LIST ITEMS IN BULLET FORMAT

Science, Technology, Engineering and Math-Related Activities

Other Activities

Science, Technology, Engineering and Math-Related Awards

Other Awards

Please select any IMSA sponsored activities or programs in which you have participated. (Hold the CTRL key down to click multiple options if you have participated in more than one activity.)

Illinois Mathematics and Science Academy
100 Sycamore Road
 Aurora, IL 60506-1000
Tel: 630-987-1000
Fax: 630-987-1007
Academy Section 7: Optional Statement

We attempt to identify those applicants whose grades or test scores may under predict academic success. Among the factors we consider in making admission decisions are whether the applicant is from an economically disadvantaged environment; had a health problem which significantly affected an otherwise exceptional academic record; has a permanent physical disability, learning or attentional difference; has completed an unusually rigorous academic program; does not speak English at home; or has other exceptional circumstances. Describe any such factors that you believe the Selection Committee should consider as they review your application.

You may also include here a description of the impact that the Covid-19 pandemic has had on your family, your learning environment and/or your access to activities.

* required

Illinois Mathematics and Science Academy
1600 Sullivan Road
Aurora, IL 60506-1000
Tel: 630-907-5000
Fax: 630-907-5887
ACADEMY SECTION 8: PARENT STATEMENT

Please describe your child's interest in mathematics, science and technology. Also, please provide any additional information that you wish for the Selection Committee to consider when evaluating your child's application to IMSA. (500 word limit)

* - required

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Tel: 630-907-5000
Fax: 630-907-5887
SECTION 9: STUDENT ESSAYS

Please respond to each essay question on a separate document, which you will upload below. Your attachment must be in .docx, .doc or .pdf format. Each essay should be 300-500 words in length. Please note: once you upload and save your documents, if you return to this page at a later time, you will not see the attachments, but they have been submitted. Please do not upload and save them again.

1) Why do you want to attend IMSA, and how do you think this opportunity will assist you in reaching your future goals and dreams?

File Upload* Add File...

2) How would your teachers, friends and family members describe you?

File Upload* Add File...

3) Describe a significant challenge you have faced and the steps you have taken to overcome this challenge.

File Upload* Add File...

4) Beyond what has already been shared in your application, what do you believe makes you stand out as a strong candidate for admission to IMSA?

File Upload* Add File...

* required

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Aurora, IL 60506-1000
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Fax: 630-907-5887
SECTION 10: EVALUATION AND FORMS

Enter the information for each teacher or school counselor who will be completing an evaluation or form on your behalf. The following forms listed below are required to complete your application. If you enter the individual’s information and save the section, the request will automatically be sent so that your teacher or school counselor will receive the online form via email. It is the responsibility of this student to ensure that all evaluations are received by the Office of Admissions in a timely manner. If your teacher or counselor has not submitted an evaluation on your behalf, you must follow-up with them directly. Occasionally, due to unknown security procedures, your evaluation request may not go to your teacher or counselor’s email folder. If they notify you that they have checked their spam folder and have not received the request, please contact admissions@imsa.edu for assistance.

- Math Evaluation - required from current or prior year math teacher
- Science Evaluation - required from current or prior year science teacher
- English Evaluation - required from current or prior year English teacher
- Optional Evaluation - optional from an individual who can speak to applicant’s achievement in mathematics, science, technology, or reading
- School Counselor Form (includes request for transcript) - required from current school counselor or other school administrator with access to your academic records

Complete this section prior to requesting evaluations or the release of school records. Under no circumstances must an individual be present at the time the application is submitted. Mathematics and Science Academy are available to USA officials.

I, the undersigned, hereby waive the right to review any comments or information included in this evaluation form or supporting documents. (Sign by entering name below)

Parent or Guardian Signature* ______________________________
Date of Signature* ______________________________

Student Signature* ______________________________
Date of Student Signature* ______________________________

Math Evaluation
Math Teacher First Name: ______________________________
Math Teacher Last Name: ______________________________
Math Teacher Phone (e.g., xxx-xxxx): ______________________________
Math Teacher Email: ______________________________
Math Teacher School First Letter: select an item: ______________________________

Science Evaluation
Science Teacher First Name: ______________________________
Science Teacher Last Name: ______________________________
Science Teacher Phone (e.g., xxx-xxxx): ______________________________
Science Teacher Email: ______________________________
Science Teacher School First Letter: select an item: ______________________________
Academy Section 11: Signatures

The Academy recognizes and acknowledges the historical underrepresentation and marginalization of culturally, linguistically, and economically diverse groups, and is committed to creating a diverse, inclusive community of students who can realize their potential and execute our mission to advance the human condition. We work to ensure that our policies, programs, services and interactions are representative of, and constructed through an equity lens to ensure equitable teaching, learning, and social experiences that are rooted in excellence for all of our students. To continue moving Equity and Excellence forward, IMSA works to recruit, support, and retain diverse, talented students who embrace the diversity of people and perspectives, are open to inclusivity, willing to develop their cultural competence, as well as learn through an equity-minded frame. Our signatures below indicate that we have read and understand this statement, and agree, should the applicant be admitted, to comply with IMSA policies and expectations in regards to diversity, equity and inclusion.

We understand that withholding pertinent information requested in this application or giving false information will make the student applicant ineligible for admission to the Illinois Mathematics and Science Academy (IMSA) or subject to cancellation of enrollment if admission has occurred. The information given herein is true and accurate. Furthermore, we understand information contained within the application is shared with the Admissions Review and Selection Committee and by submitting an application to IMSA, we consent to disclose this information to these committees, waiving our rights to review, notice, reports, and recommendations of the Committee. We agree to permit information in this application, and other records resulting from applying to and attending this school to be made available on a confidential basis to the applicant’s home school, other educational institutions, and for IMSA-approved research purposes. All application documents are retained by the Academy.

Furthermore, we understand that admission decisions are based on multiple criteria including subjective judgments regarding academic and leadership potential, demographic representation, grades and test scores. Students identified for the Freshman Program must successfully complete the 3-week program to be eligible for enrollment. All accepted applicants and applicants placed in the Waitpool are required to attend mandatory Placement Testing. Those students are also required to attend one day Orientation along with a parent/guardian. Please regularly check the Dates and Deadlines webpage for updated information regarding required dates. Our signatures below acknowledge that we understand these requirements.

Parent or Guardian Signature *

Date *

Student Signature *

Date *

* - required