# GALS - Southwest VA Application for Summer 2024

Application due by the date listed on [the google form](https://forms.gle/NLaiJuJ8pyuKbGgU7).

**G**irls on outdoor **A**dventure for **L**eadership and **S**cience (GALS) is a free summer learning and adventure experience for high-school students that provides hands-on lessons in science, leadership, and outdoor skills while backpacking through the Virginia Wilderness.

Please fill out this form to apply for Southwest VA GALS, which will take place on the dates listed on the website. We aim to build a diverse and inclusive GALS Team, and participants will be selected on a range of criteria including their motivation to learn about the outdoors, interest in science, and team spirit as expressed in the written portion of this application. There is no perfect candidate for GALS, and we encourage all who are interested in outdoor leadership and science to apply. No previous backpacking experience is necessary, and grades are not a determining factor. We encourage you to apply no matter how much experience you may or may not have backpacking and hiking!

For more information please visit our website at <https://galssouthwestva.weebly.com>

Contact Information

Please fill out the following contact information to help us identify your application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year in high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (XXX-XXX-XXXX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Personal email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information 1 (Required)
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information 2 (Optional)
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about GALS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Letters of Recommendation

Please provide the name and contact information for someone who has agreed to write you a letter of recommendation. This person could be a teacher, coach, mentor, manager, or religious leader. Any adult outside your family who could speak to your experience and personality will work! Indicating a recommender below signifies that this person has ALREADY AGREED to provide a letter on your behalf. A form will be e-mailed directly to your recommender upon submission of your portion of the application. Your recommender must submit their letter by April 28th, 2023. You are responsible for ensuring your letter writers submit the online form before the deadline. Applications without two letters of recommendation will not be considered.

Recommender Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Application Short Answer Questions

Please answer the following short answer questions. 1-5 are required, and question 6 is optional. Please list anything relevant to question 7 or write NA for “not applicable.” Length recommendations are not strict limits or minimums—they are just provided for guidance.

1. We want to get to know you! Tell us about yourself. You can include information about your background, interests, and hobbies, as well as anything else that you feel is important for us to know. (4-5 sentences)
2. Why are you interested in learning more about science? (2-3 sentences)
3. GALS is about being part of a community and learning from each other. What will you bring to the GALS team, and what qualities about yourself do you value?(3-5 sentences)
4. What do you think will be the most challenging part of the GALS trip for you personally? (1-2 sentences)
5. Why do you want to participate in GALS? Include information about what you are looking to gain and learn from the experience. (2-3 sentences)
6. Is there anything else that we should know about you that will improve your experience as a team member of GALS? (optional)
7. Please list any allergies or medical conditions that may be relevant to the trip (for example, food allergies, bees, asthma, etc.).

## Previous experience

Please rate your level of comfort with the following activities (‘1’ being the least comfortable and ‘5’ being the most comfortable). NOTE: Answers to these questions WILL NOT disqualify you from consideration when selecting participants. We will only use this information to help us better understand all participants’ background experiences coming into the GALS program.

Have you attended a summer camp before that focused on science or nature?

* Yes
* No
* No, but I have participated in a summer camp before.

Going for a casual, short walk

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Going on a hike through the woods for several hours

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Hiking with a heavy backpack

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Sleeping overnight away from home

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Sleeping overnight in a tent or cabin in a remote location

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Discussing science or scientific topics

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Working with others to achieve a common goal

* 1 (not comfortable)
* 2
* 3 (somewhat comfortable)
* 4
* 5 (very comfortable)

Please feel free to leave comments below if you would like to explain any of your above responses:

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

## Demographic Questions

As a reminder, the GALS program was created to increase opportunities for students who identify as female or gender nonconforming, students of color, students from low socioeconomic backgrounds, and other groups underrepresented in fields of STEM (Science, Technology, Engineering, and Math).

What is your race or ethnicity? (Circle all that apply.)

* Asian/Asian American
* Latinx
* First Nations/Indigenous
* Black/African American
* White
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer

What is your gender identity?

* Woman
* Genderqueer
* Questioning
* I’m not sure
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer

What pronouns do you prefer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Before submitting your application, we want to make sure that all participants are aware of the program expectations. Please agree to the following statements to indicate your acknowledgement of the terms and conditions of the program.

I understand that GALS is a backpacking expedition that involves carrying a 40-pound backpack for 3-6 miles per day and sleeping in a tent regardless of weather conditions for several days.

* Yes, I understand

I understand that the success of the GALS program involves working together as a community to accomplish tasks.

* Yes, I understand

I understand that I will be expected to be kind, respectful, and inclusive to promote a positive environment where everyone in the program can thrive.

* Yes, I understand

I understand that the GALS program is an opportunity to learn science and leadership skills while backpacking. While there will be some down time to hang out and relax, most of the trip will be filled with science- or nature-based activities.

* Yes, I understand

I understand that this GALS program takes place in Southwest Virginia. I can provide my own transportation to/from Virginia Tech, where Trip Leaders will provide further transport to camping sites. If not, I have spoken to GALS Trip Leaders regarding my circumstances and will arrange other transport.

* Yes, I understand

Please write or type your full name below to confirm your submission of your application to the GALS 2023 program.

# Congratulations, you’ve submitted your application!