



## **PVIT PROGRAM APPLICATION**

Thank you for your interest in PVIT.

Instructions for application:

To be completed by the student -- it must be typed (use the FILL & SIGN option on this PDF file), SIGN (both student and parent), and submitted *on paper* to Mrs. Norris. Please keep in mind that your effort in answering the questions will reflect on your desire to be in the program.

Teacher Reference: Please list a teacher that you would like to use as a reference -- *please* ask them first. I will contact them directly.

Return to Mrs. Norris directly, to PVHS office mailbox, or mail to:

Lorraine Loh-Norris  
Palos Verdes High School  
600 Cloyd Rd  
Palos Verdes Estates, CA 90274

Please direct questions to:  
Lorraine Loh-Norris  
PVIT Faculty Advisor  
NORRISL@PVPUSD.NET



# PVIT Application



**THIS SECTION MUST BE COMPLETED BY STUDENT AND MUST BE TYPED. TYPED. TYPED.**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ GPA (unweighted/weighted): \_\_\_\_\_

School (check one) : \_\_\_\_\_ PVHS \_\_\_\_\_ Other (List school)

The PVIT program operates on Sunday 2:00-4:00pm (a few teams meet noon – 2:00 pm). Most teams require additional weekend or after school meetings to finish projects and prepare for competitions. Will you be able to attending MOST Sunday meetings throughout the school year? \_\_\_\_\_

1. Why are you interested in joining PVIT?

2. What experience do you have in STEM activities? (Experience is not required.) If you do not have experience, tell me about another activity that you participate in.

3. PVIT requires individuals to be self-motivated, self-directed, curious, & eager to learn. Describe something you have done that demonstrates one or more of these qualities.

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Reference: Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_