

# A Summer of Excellence – Juniors & Seniors

## 2009 Application for Admission

Only complete applications will be considered.  
Your application to the Summer of Excellence consists of five parts.

1. Completed application.
2. Payment of the \$30.00 non-refundable application fee.  
(make checks payable to the University of Arizona)
3. Official high school transcript, including 2008 fall grades.
4. Recommendation from a teacher (preferable) or from your school counselor.
5. Completed Student Health Immunization Requirement Form.

**Priority Application Deadline – April 1**

Final Application Deadlines:

Session 1 - May 15

Session 2 – May 29

**Mail all application materials in one envelope to:**

*A Summer of Excellence*

The Honors College

P.O. Box 210006

The University of Arizona

Tucson, AZ 85721-0006

**Tell Us About Yourself (please print in ink or type):**

**Class Year:**  Junior  Senior

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

First
Middle
Last

**Birth date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ **Gender:**  Female  Male

**Mailing Address:** \_\_\_\_\_  

Number and Street
City
State
Zip

**Telephone ( )** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**How did you hear about *A Summer of Excellence*?** \_\_\_\_\_

**Ethnic Background:** To comply with federal reporting requirements, UA asks for the ethnic background of applicants. Providing the requested information is voluntary. You are encouraged to supply this information, but may decline without prejudicing your application in any way. *Please mark all that apply.*

a) **Are you of Hispanic or Latino origin?**

- |  |  |
|--|--|
| <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. Mexican or Mexican American or Chicano.<br><input type="checkbox"/> Yes. Puerto Rican. | <input type="checkbox"/> Yes. Cuban.<br><input type="checkbox"/> Yes, other Hispanic or Latino (Specify, e.g. Argentinian, Spaniard, etc.) _____ |
|--|--|

b) **What race(s) do you consider yourself?**

- |   |  |
|---|--|
| <input type="checkbox"/> African American or Black.<br><input type="checkbox"/> American Indian or Alaska Native<br>Specify tribal/corporate affiliation _____<br><input type="checkbox"/> White or Caucasian (European, Middle Eastern, North African)<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian American:<br>Specify: _____<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander:<br>Specify: _____<br><input type="checkbox"/> Other race:<br>Specify: _____ |
|---|--|

**High School:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Test scores (if taken):** PSAT \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

**Does your mother or father possess a baccalaureate degree?** (circle) Mother: Y N Father: Y N

**Course Selection/Session:**  Session I (June 6 – July 9)  Session II (July 11 – August 12)  Both Sessions

**Example:** *Subject: English Course Number: 197A-H Lecture Number: 1 Course Title: Thinking & Writing Number of Units: 3*

1. Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Lecture Number \_\_\_\_\_  
 Course Title \_\_\_\_\_ Number of Units \_\_\_\_\_

2. Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Lecture Number \_\_\_\_\_  
 Course Title \_\_\_\_\_ Number of Units \_\_\_\_\_

**Alternate Course Selection (required)**

1. Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Lecture Number \_\_\_\_\_  
 Course Title \_\_\_\_\_ Number of Units \_\_\_\_\_

2. Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Lecture Number \_\_\_\_\_  
 Course Title \_\_\_\_\_ Number of Units \_\_\_\_\_

## Agreement of Applicant

**Timely Completion of Forms:** I understand that my participation in A Summer of Excellence (SOE) is contingent upon my returning all forms (application, registration, housing, etc) and other materials which may be requested by SOE or the University of Arizona (UA) by stated deadlines.

**Health Insurance:** I understand that A Summer of Excellence strongly recommends that I have adequate health insurance for the time period of the program and it is my responsibility to ensure that I am adequately covered during the program. I understand that I may be required to pay a fee to utilize the health services at the University of Arizona.

**Tuition and fees:** I agree to pay tuition/fees in a timely manner and according to the deadlines of SOE and UA. I understand that failure to make full payment of all required fees will result in the cancellation of course registration. I understand that all financial obligations must be fulfilled prior to receiving transcripts from UA.

**Transcripts:** I assume responsibility to request **official transcripts** of the work attempted while at SOE be sent back to my high school and/or other institutions of higher education.

**Personal Health and Safety:** I understand that UA and SOE cannot guarantee my health and safety during the program. I am responsible for acting prudently and exercising caution and common sense at all times. I agree that UA and SOE are not responsible for any personal injury, death, and/or loss of property suffered by me during periods of travel with, and independent of, the SOE program.

**Release of Information:** By signing this form, I hereby give permission to the SOE Director to collect and release information appropriate to my application for, and my participation in, SOE, including: letters of recommendation, transcripts, report of conduct, and medical/counseling records. That information may be released between me/my school and SOE and among appropriate officials of UA. I further agree that SOE officials may disclose to my parents or legal guardians any information which may impact my mental health or physical well-being while in the SOE program.

**Hold-Harmless:** I understand that my participation in SOE is voluntary. I understand that SOE does not make any warranties of any kind, expressed or implied, regarding SOE program participation, including perceived quality of the experience or services rendered. I further understand that SOE assumes no responsibility and disclaims any liability for any injury, loss, damage, or expense (personal, academic, financial, or other) suffered by me by reason of my participation in this program.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Approval: to be completed by Parent/Guardian

I approve of this application and will permit my daughter/son \_\_\_\_\_ to attend *A Summer of Excellence* at the University of Arizona. If my daughter/son is accepted and enrolled, I agree to pay the program costs. I recognize that refunds can only be made according to the refund schedule in the catalog. I understand the necessity for his/her conformance to the Academic and Social Policies of *A Summer of Excellence* and of the University of Arizona and that failure to abide by these regulations may result in his/her dismissal.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Alternate, non parent/guardian emergency contact: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_

## Before you send your application, did you remember:

Application fee (**make checks payable to the University of Arizona**)

Recommendation

Immunization Form

Official Transcript (**must be stamped with school seal and in a sealed envelope**)

Yes  No I would like to apply for a scholarship. Scholarships are based on need and are available only to

Arizona residents. **Deadline for our receipt of your scholarship application is April 15, 2009.**

Scholarship award amounts will be reduced to an amount not exceeding the cost of the program if student receives outside funding.

**Briefly describe your academic, career, and life objectives. How will participating in A Summer of Excellence in 2009 help you to achieve those objectives? (Confine your response to this page).**

# A Summer of Excellence – Juniors & Seniors Recommendation Form

---

## To the applicant

Submit this form to a teacher who knows you well, or to your school counselor. It should be filled out and returned to you in a sealed envelope with the teacher's or counselor's signature across the seal. *This form must accompany your application.* Please print or type.

Applicant's name \_\_\_\_\_

Home address \_\_\_\_\_

Name of school \_\_\_\_\_

Name of teacher/counselor \_\_\_\_\_

## Confidentiality Information

Student (please check one): I hereby  waive  do not waive my right of access, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Par. 1232g(aX1), to this letter of recommendation in regard to my application for *A Summer of Excellence*. I understand that this letter will be used by the University of Arizona's Honors College in its procedure relative to admission to *A Summer of Excellence*.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## To the teacher or counselor

The student named above is applying to the University of Arizona's *A Summer of Excellence* program. Due to the intensive nature of the University of Arizona's undergraduate summer courses, it is necessary to select only those students who demonstrate the *intellectual and social maturity* required to meet the challenges of a demanding college and residential experience. Please be candid in your responses. This recommendation will be used only for *A Summer of Excellence* 2009 admission purposes and will not become part of the applicant's educational record. Please type or print. *Recommendations must be returned to the student in a sealed envelope with your signature across the seal.* If you have any questions, please call 520 621-6901. Thank you for your cooperation.

What is your relationship to the applicant?  Teacher  Counselor

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How would you rank this student academically of her or his class?

top 5%

top 10%

top 25%

other

Please characterize the applicant's **working** style:

- \_\_\_ Thorough, often exceeding expectations
- \_\_\_ Average, on par with others
- \_\_\_ Disorganized, often careless and incomplete

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the applicant deal with the responsibilities and problems of a demanding environment?

- \_\_\_ With a high degree of control and maturity
- \_\_\_ With an average degree of control and maturity
- \_\_\_ In a below average or immature fashion that indicates a lack of ability to cope

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note any behavioral or social reason why the applicant might have a difficulty in the program. If none, please state none; do not leave blank.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your overall recommendation?

- Strongest     Strong     Average     Recommend with reservation     Do not recommend

Additional comments (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Teacher or Counselor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (print) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

# A Summer of Excellence Scholarship Application Form

The deadline for scholarship applications is May 15, 2009 for Session 1 and June 1, 2009 for Session 2.

## To be completed by Parent(s) or Guardian(s)

Please read the following very carefully.

- To be considered for a need-based scholarship, applications and supporting material must be postmarked by May 15, 2009 for Session 1 and June 1, 2009 for Session 2.
- A limited amount of need-based scholarships are available.
- Awards are based on financial need.
- Awards may range from partial tuition (for a three-unit course) or residence hall rent to full tuition (for a three-unit course) or residence hall rent.
- Scholarship awards do not cover the costs of textbooks, supplies, meals, miscellaneous expenses, activity fees, or travel.
- Scholarship are only available to Arizona residents
- **Social Security number needed to apply**

Applicant's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Mother's name and occupation \_\_\_\_\_

Father's name and occupation \_\_\_\_\_

In order for your son or daughter to be considered for A Summer of Excellence scholarships, this form must be completed and postmarked by May 15, 2009 for Session I and June 1 for Session II.

1. Using your completed 2008 Federal tax return, please write in the amount for **adjusted gross income**: (Include those of *both* parents if they file separately.) \_\_\_\_\_
2. Using your completed 2008 Federal tax return, state the number of dependents in your household (**total number of exemptions**):  
\_\_\_\_\_
3. List any additional income not shown on your 2008 Federal tax return. E.g. child support, alimony, social security, etc.  
\_\_\_\_\_
4. If you expect your family income to be significantly different in 2009, or if your family did NOT file a Federal tax return for 2008, please give the estimated 2009 family income from all sources: \_\_\_\_\_
5. Who is financially responsible for the applicant? (check one):

Two parents (or parent, and a step-parent, or two guardians)

One parent who is single, divorced, separated, or widowed.

Other, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you (or the applicant) currently receiving Federal or State assistance? E.g. food stamps, social security, free & reduced lunch program, etc. (Please specify):

\_\_\_\_\_

\_\_\_\_\_

7. If you wish for us to consider any unusual family circumstances or other facts, please use the space below or attach a separate sheet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I/We certify that the above information (including Federal tax return amounts) are correct and complete to the best of our knowledge.**

Mother's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THE UNIVERSITY OF ARIZONA IMMUNIZATION REQUIREMENT

The University of Arizona requires verification of measles/rubella immunity for all students born after 1/31/56. Immunization records must be obtained from your health care provider indicating dates of:

- a) **One (1) rubella vaccination after 12/31/79 and**
- b) **TWO (2) measles vaccinations, at least one of which must have been administered after 12/31/79.**

**WE ARE UNABLE TO REGISTER YOU FOR CLASSES  
WITHOUT PROOF OF MEASLES/RUBELLA IMMUNITY  
ON FILE WITH THE CAMPUS HEALTH SERVICE**

You may have your health care provider complete and sign the form below or you may fill in your personal information and attach a copy of your vaccination/blood testing records.

Mail or fax to:

A Summer of Excellence  
The Honors College  
The University of Arizona  
P.O. Box 210006  
Tucson, Arizona 85721-0006  
fax #: (520) 621-8655

---

## IMMUNIZATION RECORD

NAME: Last First Middle

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

MEASLES Immunization Dates: #1 Month \_\_\_\_ Year \_\_\_\_ #2 Month \_\_\_\_ Year \_\_\_\_

or date of blood testing proving immunity: Month \_\_\_\_ Year \_\_\_\_

RUBELLA Immunization Dates: #1 Month \_\_\_\_ Year \_\_\_\_

or date of blood testing proving immunity: Month \_\_\_\_ Year \_\_\_\_

OPTIONAL Immunization Information: MUMPS: Month \_\_\_\_ Year \_\_\_\_ TET/DIP: Month \_\_\_\_ Year \_\_\_\_

OPTIONAL Tuberculosis Skin Test Information (domestic students only): Month \_\_\_\_ Year \_\_\_\_ RESULT \_\_\_\_\_

Health Provider's Signature \_\_\_\_\_

---