

A Summer of Excellence - Sophomores

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. One recommendation from an English or history teacher and a second from your school counselor or another teacher.
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):

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. | <input type="checkbox"/> Yes. Cuban. |
| <input type="checkbox"/> Yes. Mexican or Mexican American or Chicano. | <input type="checkbox"/> Yes, other Hispanic or Latino (Specify, e.g. Argentinian, Spaniard, etc.) _____ |
| <input type="checkbox"/> Yes. Puerto Rican. | |

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

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

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 _____

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 (English/history)

Recommendation (teacher/counselor)

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 2008 help you to achieve those objectives? (Confine your response to this page).

A Summer of Excellence -- Sophomores Recommendation Form

To the applicant

Your completed SOE application will include *two* recommendation forms. Submit one form to an English or history teacher who knows you well and a second form to another teacher or school counselor. Both recommendation forms should be filled out (printed or typed) and returned to you in a sealed envelope with the teacher's signature across the seal.

Applicant's name _____

Home address _____

Name of school _____

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
subject area

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

(Feel free to attach a separate sheet of paper if necessary.)

Please characterize the applicant's *working* style:

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

Please explain: _____

Please characterize the applicant's *writing* style:

- Thorough and thoughtful, often exceeding expectations
- Average, on par with others
- Disorganized, unoriginal, often careless or 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: _____

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Applicant's name _____

Home address _____

Name of school _____

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Applicant's signature: _____ Date: _____

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What is your relationship to the applicant? _____ Teacher: _____ Counselor
subject area

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

(Feel free to attach a separate sheet of paper if necessary.)

Please characterize the applicant's *working* style:

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

Please explain: _____

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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 2008 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 _____
