

Summer Scholars Program Application

Please type or print clearly.

First: _____ **Last:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Other Phone:** _____ **Work** **Cell**

Birth Date (XX/XX/XXXX): _____

School Information:

High School: _____ **GPA:** _____

Current Status:

Senior-Inteded College Major: _____

Junior-Academic/Career Interest: _____

Sophomore-Academic/Career Interest: _____

Guidance Counselor: _____

Phone: _____



AP Coursework:

AP Course(s)	Date of Test	Score

Did you take courses for college credit while enrolled in high school?(PSEOP) Yes No

↳ Name the college/university attended and courses completed:

Standardized Test Scores:

	Composite	English	Math	Reading	Science	Eng/Writ	Range	Date
ACT								

	Total	Cr. Think.	Math	Writing	Mult. Ch.	Essay	Date
SAT							
Other:	SAT II						

Please return this completed application packet and current transcripts to:

**Honors Program/Summer Scholars Program
Cleveland State University
2121 Euclid Avenue, MC 412
Cleveland, Ohio 44115-2214
Fax: 216-687-5552
E-mail: r.s.johnson@csuohio.edu**

I certify that the information provided by me for the Summer Scholars Program Application is true, correct, and complete.

Signature: _____ Date: _____
Cleveland State University is an AA/EOE committed to nondiscrimination. M/F/H/V encouraged. Rev: 9/30/2009



**CLEVELAND STATE UNIVERSITY
HONORS PROGRAM
SUMMER SCHOLAR PROGRAM**

AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

This form is to be completed by the parent(s) or guardian(s) of the student who is applying for the Summer Scholars Program

I hereby grant permission for _____ to
School
disclose and provide to the Cleveland State University Summer Scholars Program upon
request transcripts, grades, attendance record, schedules, truancy and demerit records,
results of ACT, SAT, PSAT, proficiency scores and standardized reading and
mathematics tests which are contained in the academic records of:

Student

Address

City State Zip Code

Parent/Guardian Signature Date

**CLEVELAND STATE UNIVERSITY
HONORS PROGRAM
SUMMER SCHOLARS PROGRAM
TEACHER/COUNSELOR RECOMMENDATION FORM**

PART A:

Student's Name: _____ School: _____

Teacher/Counselor: _____

How long have you known the student?

____ less than 1 yr. ____ 1 yr. ____ 2 yrs. ____ 3 yrs. ____ 4 yrs.

What classes, if any has this student taken with you?

Please rate the student according to your observation or knowledge:

	Poor	Fair	Average	Good	Excellent	N/A
1. Attitude towards school work	1	2	3	4	5	0
2. Intellectual ability/level of understanding	1	2	3	4	5	0
3. Ability to function effectively, follow rules, and accept consequences	1	2	3	4	5	0
4. Communication skills	1	2	3	4	5	0
5. Study skills/habits	1	2	3	4	5	0
6. Responsibility	1	2	3	4	5	0
7. Concern for others/interpersonal skills	1	2	3	4	5	0
8. Goals orientation	1	2	3	4	5	0
9. Academic ambition	1	2	3	4	5	0
10. Ability to perform college level work	1	2	3	4	5	0

Use the space below for additional comments concerning the student:

Teacher/Counselor's Signature _____ Date: _____