



Summer Scholars Program Application

Please type or print clearly.

First: _____ **Middle:** _____ **Last:** _____

Address: _____ **Birth Date:** _____

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

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

High School: _____ **Current Grade:** Sophomore Junior Senior

Guidance Counselor: _____ **Phone:** _____

List AP Courses with Test Score(s) or Date When Test Will Be Taken: _____

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

↳ Name the college/university attended: _____

Academic area of interest (Major): _____ **Grade-Point Average:** _____

Are you considering any of the following academic areas? (check all that apply) _____

Science Math Engineering Computer Technology

	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 to:

Honors Program/Summer Scholars Program
 Cleveland State University
 2121 Euclid Avenue, MC 219
 Cleveland, OH 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
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: _____