APPLICATION CHECKLIST

July 26 - 31,

GIRLS TALK BACK

Southern Methodist University Annette Caldwell Simmons School of Education and Human Development

Please follow directions and check your application carefully for completeness and all needed signatures! Use the following list to assure that your application is complete when it is submitted.

- Complete application in **BLUE** ink to assist office in verifying original signatures.
- Two passport style or school photographs, not snapshots, taken in 2013 or 2014
- A recommendation from two different adults such as teacher(s) or club sponsor with whom you interact regularly; please ask each person to complete a form, seal it in an envelope, and return the envelope to you. Include both recommendations in their sealed envelopes with the other parts of your application.
- A transcript of your grades and courses from grades 9 and above; ask your counselor for the transcript in a sealed envelope and attach it to your completed application.
- A copy of PSAT, SAT, or ACT score report; you may submit a copy of the report sent to your home or your school. Test scores are mandatory.
- A two-page personal essay (typed); the essay should describe a school or other experience that contributed to your learning. Be sure to give details about the experience itself and about how it affected you.
- An application fee of \$25; check or money order should be made to SMU Pre-college and include the name of the applicant, and the maker of the check.
- Every blank completed!
- Remember, incomplete applications will not be considered.
- Complete each blank and submit all copies and required documents.

SMU

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Southern Methodist University

Making Yourself Heard
Annette Caldwell Simmons School of Education and Human Development

July 26 - 31, 2015

APPLICATION

Name				or school photo h
last	first	middle	area code / telep	
Address				
(Permanent) number & street	apt. #	С	ity state z	ip code
Grade level during 2014-15 school	ol year: 10th	☐ 11th Sex:	☐ Female	
Ethnic Description (optional) 1. Are you of Hispanic origin?		estion 2 is optional.) must answer question 2.)	
2. Do you identify with one or more	e of the following ? (M	ore than one may be sele	ected.)	
☐ Black/African American ☐ Ethnic category explanations can	American Indian/Alas be found on the Web a			ian/Pacific Islander
Birth Date	Religiou	s Affiliation (Optional)	_	
School Information: Name of School				
School District		P	ublic	Private
With whom do you live? ☐ Both	Parents 🗖 Father (☐ Mother ☐ Other; who	?	
Whom should we call with a quest	ion or emergency?			
		Name	Relatio	nship
(Area Code) / Telephone du (Please list a person who will alwa		the entire GTB session.)	(Area Code) / Telep	phone during the evening hours
Criminal History Questions 1. Have you ever been arrested?		Yes No		
2. Have you ever been indicted fo	r any offense?	Yes No		
3. Have you ever been adjudicate supervision? Yes _	d by a court as having No	been engaged in delinqu	ent conduct or in co	nduct indicating a need for
(If you have answered "yes" to any rejection of an applicant for admis subject a student to the Pre-colleg affirmative response to this questi	ssion. Failure to disclo ge Program's grievance	se such a record, if it exise process and may result	ets, and to explain the	at record honestly, however, will
I have reviewed the above information correct and honestly presented. Fithat I am responsible for any reason SMU/GTB.	Further, I give permission	on for SMU to publish pro	gram photographs ir	
Student Signature			Date _	
Parent/Guardian Signature			Date	

Parent Information

Check if appropriate:

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EMERGENCY CONTACT INFORMATION

□ Parents	Separated D P	arents Divorced	Father F	Remarried	Father Deceased [☐ Mother Re	emarried 🗆 🗆	Mother Deceas	ed
Student's Fu	ıll Name								
FATHER'S INF	ORMATION				MOTHER'S INFORI	MATION			
Full Name					Full Name	\			
Home Addre	SS				Home Address				
City	State	ZIP			City	State	ZI	P	
Phone		E-mail			Phone		E-	mail	
Profession o	r Occupation Posit	ion			Profession or Oc	cupation Posit	tion		
Name of Fire	n			Phone	Name of Firm				Phone
Business Ad	dress				Business Addres	SS			
City	State	ZIP			City	State	ZI	P	
College (if at	tended)	Degree	Year		College (if attend	ded)	Degree	Year	
Graduate Sc	hool (if attended)	Graduate Degree	Year		Graduate School	l (if attended)	Graduate De	gree Year	
STEPMOTHER	'S INFORMATION				STEPFATHER'S INF	FORMATION			
Stepmother'	s/Guardian's Full f	Name			Stepfather's/Gu	ardian's Full N	lame		
Home Addre	SS				Home Address				
City	State	ZIP			City	State	ZI	P	
Phone		E-mail			Phone		E-	mail	
Profession o	r Occupation Posit	ion			Profession or Oc	cupation Posit	tion		
Name of Fire	n			Phone	Name of Firm				Phone
Business Ad	dress				Business Addres	 SS			
City	State	ZIP			City	State	ZI	P	
College (if at	tended)	Degree	Year		College (if attend	ded)	Degree	Year	
Graduate Sc	hool (if attended)	Graduate Degree	Year		Graduate Schoo	I (if attended)	Graduate De	gree Year	

SMU Southern Methodist University

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July 26 - 31, 2015 TEACHER RECOMMENDATION

• • Attach recommendations (2) in sealed envelopes to application. • •

		by two academic teachers or one teach tatus and character.	er and an adult (not a	relative) with w	rhom you interact regul	arly and who knows
	the Studer nending y	nt: Please copy this form. Complete the ou.	e personal information	section below b	pefore distributing form	ns to each person
Applyin Name Addres	Last			l in 2014-15		
Luchia		r & Street / Apt. #		ty	State	Zip
		_/ I do not waive all future r ity of the remarks made by you. Signature of Student	gnts to review this fo	rm once submi	tted to the program a	nu agree to respect
Statem If the s signifyi this col introdu Please	Your re- Your re- yents will be tudent hat agreen Great in the lege exponention to the candiced from ot Please	udent named above is applying for admirsity. The program is designed for stude commendation should include distinguing the kept confidential and made available is not signed the waiver, you should new ment to waive all future rights to review in mortance is attached to your recommensure will be appreciated. Many student the problems and opportunities associated in your opinions. No candidate is eliminated the recommendation in an envelop	shing intellectual and only to those officers ertheless complete the this form once it has bendation. Your honest is have not yet reached ed with college life sucinated on the basis of	for college entipersonal traits adirectly concerned recommendate een submitted thand thoughtfuld the level of social as demanding a single negative	rance. as well as special talented with admission to totion. (Note the student to the program.) appraisal of the applicical maturity necessary academic courses are reting; supporting ever	nts of the applicant. the GTB Program. 's signature above eant's readiness for to handle an early nd residence hall life. tridence is always
Please	complete	the following sections. Attach addition	al sheets as needed.			
1.	Knowle	edge of the applicant.				
	A. B. C.	You are the applicant's teacher How well do you know the student? How long have you known the studer	Casually W	ell	Very Well	
2.	Ability o	of the applicant.				
A. Please rate the applicant on a scale of 1 (low) to 10 (high) relative to other students at your institution.						
	B.	How would the applicant likely benefi	t from the program?			
	C.	In your opinion, are there any reason	s the student might no	ot benefit from t	he program?	

TEACHER July 26 - 31, RECOMMENDATION (PG.2) 2015

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D.	What is the applicant's greatest strength?	
	Most obvious weakness?	
E.	Optional Personal Statement	
Please suppleme	ent your answers to the above questions with a personal stateme	nt regarding this applicant. Include any additional
information that	would be helpful to us in making a decision (e.g. successful parti	cipation in your class or program, teacher or counselor
observations); if	more room is needed, please attach additional page(s).	

o o	F. Overall recommendation: I recommend this applicant strongly. I recommend this applicant with reservation. I believe that the applicant is unsuited for the program at this time.	
	r/Counselor/other adult (please print)	
Instituti	ion or Organization	
Address	S	
	one # Evening Phone #	
FAX #_	email address	
	telephone numbers above allow us to reach you after school is out? rYes rNo ow can we reach you?	
	Phone # or address	

Signature_

Date