

**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.

Name _____
last first middle area code / telephone #

Address _____
(Permanent) number & street apt. # city state zip code

Grade level during 2013-14 school year: 10th 11th Sex: Female

Ethnic Description (optional)

1. Are you of Hispanic origin? Yes (If yes, question 2 is optional.)
 No (If no, you must answer question 2.)

2. Do you identify with one or more of the following ? (More than one may be selected.)

Black/African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander White

Ethnic category explanations can be found on the Web at <http://smu.edu.registrar/ethnicity.asp>

Birth Date _____ Religious Affiliation (Optional) _____

School Information:

Name of School _____

School District _____ Public _____ Private _____

With whom do you live? Both Parents Father Mother Other; who? _____

Whom should we call with a question or emergency? _____
Name Relationship

(Area Code) / Telephone during the daytime hours (Area Code) / Telephone during the evening hours
(Please list a person who will always be available during the entire GTB session.)

Criminal History Questions

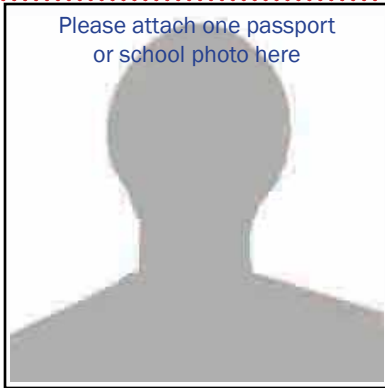
1. Have you ever been arrested? Yes ___ No ___
2. Have you ever been indicted for any offense? Yes ___ No ___
3. Have you ever been adjudicated by a court as having been engaged in delinquent conduct or in conduct indicating a need for supervision? Yes ___ No ___

(If you have answered "yes" to any question asked above, please explain. Disclosure in the affirmative will not necessarily result in rejection of an applicant for admission. Failure to disclose such a record, if it exists, and to explain that record honestly, however, will subject a student to the Pre-college Program's grievance process and may result in dismissal from the University. Failure to explain an affirmative response to this question will result in the Application's not being further processed.)

I have reviewed the above information. My signature below indicates that all the information contained in my application is factually correct and honestly presented. Further, I give permission for SMU to publish program photographs including my child. I understand that I am responsible for any reasonable collection costs, charges and/or attorney's fees necessary to collect any outstanding debt I owe SMU/GTB.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



EMERGENCY CONTACT INFORMATION

Check if appropriate:

- Parents Separated Parents Divorced Father Remarried Father Deceased Mother Remarried Mother Deceased

Student's Full Name _____

FATHER'S INFORMATION

Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

STEPMOTHER'S INFORMATION

Stepmother's/Guardian's Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

MOTHER'S INFORMATION

Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

STEPFATHER'S INFORMATION

Stepfather's/Guardian's Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Profession or Occupation Position _____

Name of Firm _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

College (if attended) _____ Degree _____ Year _____

Graduate School (if attended) _____ Graduate Degree _____ Year _____

SMU will not discriminate in any employment practice, education program or educational activity on the basis of race, color, religion, national origin, sex, age, disability or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation. The Director of Institutional Access and Equity has been designated to handle inquiries regarding the nondiscrimination policies.

Return completed forms to: GTB Pre-college Programs • Southern Methodist University
P.O. Box 750383 • Dallas, TX 75275-0383
3101 University Blvd • Suite 163C • Dallas, TX 75275
If you have questions, please contact us at:
(214) 768-0123 • FAX (214) 768-3147 • precollege@smu.edu

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

To be completed by two academic teachers or one teacher and an adult (not a relative) with whom you interact regularly and who knows your academic status and character.

☛ To the Student: Please copy this form. Complete the personal information section below before distributing forms to each person recommending you.

Applying for the Girls Talk Back Program of _____
Year _____ Grade Level in 2013-14 _____

Name _____
Last First Middle

Address _____
Number & Street / Apt. # _____ City _____ State _____ Zip _____

I waive _____ / I do not waive _____ all future rights to review this form once submitted to the program and agree to respect the confidentiality of the remarks made by you.

Signature of Student

☛ Note: The student named above is applying for admission to the Girls Talk Back: Making Yourself Heard (GTB) program at Southern Methodist University. The program is designed for students who are preparing for college entrance.

Your recommendation should include distinguishing intellectual and personal traits as well as special talents of the applicant. Statements will be kept confidential and made available only to those officers directly concerned with admission to the GTB Program. If the student has not signed the waiver, you should nevertheless complete the recommendation. (Note the student's signature above signifying agreement to waive all future rights to review this form once it has been submitted to the program.)

Great importance is attached to your recommendation. Your honest and thoughtful appraisal of the applicant's readiness for this college exposure will be appreciated. Many students have not yet reached the level of social maturity necessary to handle an early introduction to the problems and opportunities associated with college life such as demanding academic courses and residence hall life. Please be candid in your opinions. No candidate is eliminated on the basis of a single negative rating; supporting evidence is always obtained from other sources.

Please seal the recommendation in an envelope labeled with the student name and return to the student to include with the application.

Please complete the following sections. Attach additional sheets as needed.

1. Knowledge of the applicant.

A. You are the applicant's teacher _____ or counselor _____ or _____

B. How well do you know the student? Casually _____ Well _____ Very Well _____

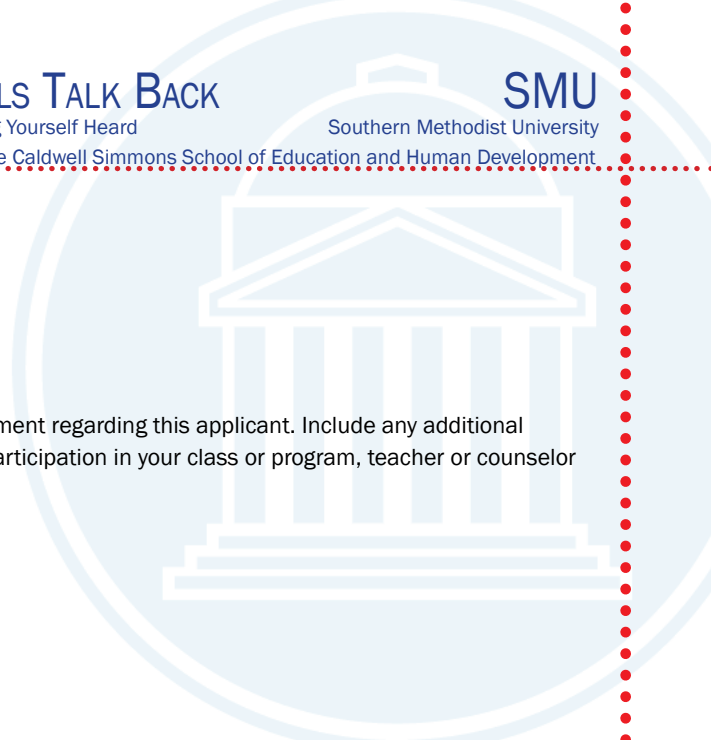
C. How long have you known the student? Years _____ Months _____

2. Ability 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 benefit from the program?

C. In your opinion, are there any reasons the student might not benefit from the program?



D. What is the applicant's greatest strength?

Most obvious weakness?

E. Optional Personal Statement

Please supplement your answers to the above questions with a personal statement regarding this applicant. Include any additional information that would be helpful to us in making a decision (e.g. successful participation in your class or program, teacher or counselor observations); if more room is needed, please attach additional page(s).

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.

Teacher/Counselor/other adult (please print) _____

Title _____

Institution or Organization _____

Address _____

Day Phone # _____ Evening Phone # _____

FAX # _____ email address _____

Will the telephone numbers above allow us to reach you after school is out? rYes rNo

If no, how can we reach you? _____

Phone # or address

Signature _____

Date _____