Instructions are slightly different for new applicants and returning students.
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. Check all required boxes.

- Complete application in BLUE ink to assist office in verifying original signatures. **(All applicants)**
- Two passport style or school photographs, not snapshots, taken in 2013 or 2014 **(All applicants)**
- Class choices–3 in the morning and 3 in the afternoon, numbered 1 to 3 in order of preference (1 is first choice, 2 is second choice, etc.) **(All applicants**)
- A recommendation from two different adults such as teacher(s) or a 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. Mail both recommendations in their sealed envelopes with the other parts of your application. **(New applicants only)**
- A transcript of your grades and courses from grades 7 and above; ask your counselor for the transcript in a sealed envelope and attach it to your completed application. **(New applicants only)**
- A copy of your first semester report card **(Returning students only)**
- A copy of your PSAT, SAT, or ACT score report from any grade (7, 8, or 9); you may submit a copy of the report sent to your home or your school. If the test was administered by a staff member of your school, a school form or roster of scores may be submitted. These test scores are very important! They are used for admission and class placement. If you are unable to submit scores, please contact the TAG office. Special arrangements can be made for applicants who are testing in the spring of 2014. **(Test scores are mandatory for new applicants. Returning students may submit updated scores.)**
- A two-page personal essay (typed if possible); 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. (New applicants only)
- Need-based scholarship application form and materials **(Any applicant applying for need-based scholarship)**
- A nonrefundable application fee of $35; check or money order should be made to SMU TAG and include the name of the applicant **(All applicants)**
- Every blank completed! **(All applicants)**

Remember, incomplete applications will not be considered.
Complete each blank and submit all copies and required documents.

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Return completed forms to: Talented and Gifted Program • 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 • gifted@smu.edu

Application
July 7-26

Please attach one passport or school photo here

Name _____
Last First Middle Home Phone #

Address _____
(Permanent) Number & Street Apt. # City State Zip Code

Social Security Number _____ SMU ID NUMBER (former students only)_____
You must provide a SS# to be enrolled in a credit class.

Grade level during 2013-14 school year: ❒ 7th ❒ 8th ❒ 9th Sex: ❒ Male ❒ 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

Country of Citizenship _____ Birth Date _____ Religious Affiliation (Optional) _____
*For non U.S. Citizens Only: If you are a Permanent Resident, please provide your alien card identification:_____
If you are a Non-Immigrant, please state your Visa status: _____

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 TAG 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.)

Student Signature _____ Date_____

Parent/Guardian Signature _____ Date_____

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How did you hear about TAG? _____

Are you in a program for gifted students? ❒ Yes ❒ No

Are you in honors classes? ❒ Yes ❒ No If yes, what classes? _____

Were you a participant in a TIP Talent Search? ❒ Yes ❒ No If yes, when? ❒ 11-12 ❒ 12-13 ❒ 13-14

Did you attend TAG in 2012 or 2013? ❒ Yes ❒ No If yes, what year(s)? _____
If you have attended previous years, list all the courses you have taken:

Name of Course	Credit/Noncredit	Year Taken	Grade Earned

Have you attended a similar summer program? ❒ Yes ❒ No Name of program _____

Course Selection (see course description supplement)

Morning Classes
Number in order of
preference (1 highest, 3 lowest)

One morning class will be assigned.
Morning classes are college credit courses.*

_____EDU 2349
_____ENGL 2390
_____MATH 1307
_____ME 1301
_____MUSA 1323
_____PLSC 4337

Afternoon Classes
Number in order of
preference 1 highest, 3 lowest)

One afternoon class will be assigned.
All afternoon classes are noncredit.

_____Discovering Downtown
_____Theater Arts
_____What's Eating You?
_____Photography
_____Who Am I?

*All credit courses are first-year level SMU courses. As a student taking a credit course during the TAG program, you must understand that you will be doing college-level work. The final grade for your morning class will be recorded on your SMU transcript.

The University reserves the right to make changes in course offerings at any time.
Classes are subject to cancellation if enrollment is insufficient.

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/TAG.

Student Signature _____ Date_____

Parent/Guardian Signature _____ Date_____

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

TAG 2014 July 6 - 25
Talented and Gifted Program

Parent Information

EMERGENCY CONTACT INFORMATION

Student's Full Name _____

Check if appropriate:
☐ Parents Separated ☐ Parents Divorced ☐ Father Remarried ☐ Father Deceased ☐ Mother Remarried ☐ Mother Deceased

FATHER'S INFORMATION

Full Name

Home Address

City State ZIP

Cell Phone E-mail

Profession or Occupation Position

Name of Firm Business 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

Cell Phone E-mail

Profession or Occupation Position

Name of Firm Business 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

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

PATERNAL GRANDPARENTS INFORMATION

Full Name

Home Address

City State ZIP

Check if appropriate:
☐ Grandmother deceased
☐ Grandfather deceased

MATERNAL GRANDPARENTS INFORMATION

Full Name

Home Address

City State ZIP

Check if appropriate:
☐ Grandmother deceased
☐ Grandfather deceased

SIBLING INFORMATION

Name Date of Birth

Name Date of Birth

FAMILY MEMBERS WHO ATTENDED SMU

Name Relationship to student Class Year

Name Relationship to student Class Year

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Confidential Need-based Scholarship Form

July 6 - 25 TAG 2014
Talented and Gifted Program

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

••(For scholarship applicants only; financial information is confidential.)••

Complete only if applying for Need-Based Scholarship

This application should be completed by the parents/guardians of students seeking need-based scholarship monies and submitted with the TAG application. Early application is recommended since funds are limited.

Name of student (last, first, middle) _____

Parent(s) Marital Status: ❒ Single ❒ Married ❒ Divorced ❒ Widowed ❒ Separated ❒ Domestic Partnership

If parents are divorced or separated, students lives most of the time with ❒ Mother/Guardian ❒ Father/Guardian

List the names of **all people** living in the student's main household, **related or not**, such as siblings, grandparents, other relatives, or friends. Please include Social Security payments, SSI payments, and/or Child Support payments in the Total Annual Income

Name and Relationship to the Student	Age	Total Annual Income

Are any children in college or private school? ❒ Yes ❒ No If so, how many?___ Where? _____

Do they receive financial aid? ❒ Yes ❒ No If yes, award amount: $_____

Financial Information 2013 2014 (estimate)

A. Total Family Income (gross before taxes) $_____ $_____

B. Attach a copy of the parents'/guardians' most recent federal income tax return AND copies of the 2013 W-2 form(s). Include all forms and schedules you submitted with your return. Married parents living in the same household, separated parents, and step-parents filing separate tax returns must submit tax forms for both parents.

C. What additional, non-taxable income (if any) have you received? $_____ $_____

D. On a separate sheet, explain the financial or family circumstances which we should consider when awarding financial aid. Examples are extended family responsibilities, unusual medical or educational expenses, and other family needs and responsibilities.

E. What is the amount your family will contribute for this student's education this summer? $_____

Failure to submit complete tax forms (all applicable schedules) will delay scholarship award notification.

NOTE: All financial information will be kept confidential; no personal financial information is entered on computer records.

_____

SIGNATURE OF PARENT OR GUARDIAN DATE

I declare that I have provided accurate and complete information in this application.

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Teacher Recommendation

• • 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 TAG program of _____ (Year) _____ (Grade Level in 2013-14)

Name _____
Last First Middle

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

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 Talented and Gifted program at Southern Methodist University. The program is designed for students who are academically gifted or who demonstrate talent in a particular academic area.

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 TAG 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, though intellectually superior, 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's name and return to the student to include with his/her 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 gifted 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?

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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 a gifted or honors 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? ❒ Yes ❒ No
If no, how can we reach you? _____
Phone # or Address

Signature_____
Date

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