

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 2014 or 2015 **(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 2015. **(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.**

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 2014-15 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☐ WhiteEthnic 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

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? ☐ 12-13 ☐ 13-14 ☐ 14-15

Did you attend TAG in 2013 or 2014? ☐ 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.*

_____ ARHS 1335
_____ EDU 2349
_____ DISC 1311
_____ MATH 1307
_____ 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
_____ Game Design
_____ Theater Arts
_____ What's Eating You?
_____ Photography
_____ Creating Original Songs

*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 _____

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 _____

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 _____

PATERNAL GRANDPARENTS INFORMATION

Full Name _____ Check if appropriate:

Home Address _____ ☐ Grandmother deceasedCity State ZIP _____ ☐ Grandfather deceased**SIBLING INFORMATION**

Name _____ Date of Birth _____

Name _____ Date of Birth _____

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 _____

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 _____

MATERNAL GRANDPARENTS INFORMATION

Full Name _____ Check if appropriate:

Home Address _____ ☐ Grandmother deceasedCity State ZIP _____ ☐ Grandfather deceased**FAMILY MEMBERS WHO ATTENDED SMU**

Name _____ Relationship to student _____ Class Year _____

Name _____ Relationship to student _____ Class Year _____

CONFIDENTIAL
NEED-BASED SCHOLARSHIP FORM

July 5 - 24 TAG 2015

Talented and Gifted Program

Annette Caldwell Simmons School of Education and Human Development

SMU

Southern Methodist University

••(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

2014

2015 (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 2014 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.

• • **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 2014-15 _____

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?

TEACHER
RECOMMENDATION (CONTINUED)

July 5 - 24 TAG 2015

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SMU

Southern Methodist University

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