The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Cover Sheet

Student Name: ____________________________________________________________

To qualify for admission to the University of Success, a student must be enrolled in the eighth grade and must meet at least three of the following qualifications at the time of application to the program and throughout the duration of enrollment in the program:

- The student’s family is economically disadvantaged.
- The student’s cultural background is typically underrepresented in higher education.
- The student possesses average to high academic ability and is academically motivated.
- The student is a potential first generation college student in his/her family.
- The student must attend a public school.

Since the University of Success is funded almost entirely by corporate and foundation grants, there is no charge to students and their families.

Application Checklist:

___ Student Information Form
___ Student Picture
___ Parent/Guardian Information Form
___ Student Essay
___ Letter of Recommendation
___ Permission for Grade Release AND a copy of your most recent grade report

The student must complete the Student Information form and write an essay about why she/he wants to be in the program. A Parent or Guardian of the student must complete and sign the Parent/Guardian Information form, as well as, the Permission for Grade Release form. A letter of recommendation from an adult who can attest to the student’s character is also required. A picture must be included for The University of Scranton’s files.

Return all documents along with this Cover Sheet to:

Margaret Loughney
McGurrin Hall, Room 015
University of Success Application
University of Scranton
Scranton, PA 18510
margaret.loughney@scranton.edu

Application Deadline: April 1, 2016

Date Received: _______________

020208
PERMISSION FOR GRADE RELEASE
(This form must be signed by a parent/guardian)

I give permission for you to release grade reports and/or information regarding my child to the University of Scranton, University of Success Program for application purposes. If my child is accepted in the program I agree to give permission for you to release this information for continued academic purposes throughout his/her remaining junior high and senior high school years.

Student Name: ____________________________________________________________

Parent/Guardian Signature: ________________________________________________

Date: ____________________________________________________________________

NOTE TO GUIDANCE COUNSELOR:

PLEASE ENCLOSE THIS FORM WITH THE STUDENT’S MOST RECENT REPORT CARD IN THE FILE OF THIS STUDENT.
UNIVERSITY OF SUCCESS PROGRAM

Application

(Please Print)

PARENT/GUARDIAN INFORMATION
(To be completed by a parent or guardian)

Mother/Guardian Name(s): ____________________________________________

Address: __________________________________________________________________________

City, State, Zip: ____________________________________________ E-mail _______

Home Phone No: ___________ Cell Phone No: ________________

Place of Employment: ____________________________________________

Job Title: ____________________________________________

What is the highest level of education you completed?

___ Elementary School (K grade)

___ Junior High (6-8th grade)

___ Senior High (9-12th grade)

___ College (List degree/Major _________________________)

___ Other education/training _________________________

Father/Guardian Name(s): ____________________________________________

Address: __________________________________________________________________________

City, State, Zip: ____________________________________________ E-mail _______

Home Phone No: ___________ Cell Phone No: ________________

Place of Employment: ____________________________________________

Job Title: ____________________________________________

What is the highest level of education you completed?

___ Elementary School (K grade)

___ Junior High (6-8th grade)

___ Senior High (9-12th grade)

___ College (List degree/Major _________________________)

___ Other education/training _________________________
Financial Information
List all income received during the 1/1/15-12/31/15 year. You must determine the total gross income of all family members. You may be asked to verify this information if your child is chosen for this program.

Yearly Salary, from work $__________________
Pension $__________________
Social Security Benefits $__________________
Disability $__________________
Public Assistance/Child Support $__________________
Other $__________________

How many individuals live in your household? ______

Has your son/daughter applied for or received any scholarships, grants or awards for high school. If so, describe: ____________________________________
______________________________________________________________________________

I understand that I am responsible for notifying the Success Program Director of any change in financial or academic status that occurs at any time while my son/daughter is enrolled in the program.

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. Inaccurate information will jeopardize the status of the application. Failure to report change in financial and/or academic status may jeopardize my child’s continuation in the program.

Signature of Adult: ________________________________ Date___________
Printed Name of Adult: ____________________________

Application Deadline: April 1, 2016
University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Letter of Recommendation

Please ask a Teacher, Guidance Counselor, Clergy, or any community leader who knows you well to submit a letter of recommendation on your behalf. The letter should state how long the person has known you and in what capacity. It should include the reasons why the person thinks that you should be accepted into the program. Please attach the letter to the application.

Application Deadline: Friday, April 1, 2016
The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Application

STUDENT ESSAY

In your own words, please write an essay about why you are applying to the University of Success Program. You can use the space below or a separate sheet of paper for your essay.

Application Deadline:  Friday, April 1, 2016
The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Application

(Please Print)

STUDENT INFORMATION

Student Name: ____________________________________________________________

Date of Birth: ____________________________

Gender: ___ Male ___ Female E-mail: ________________________________

Student lives with:

___ Both Parents ___ Mother ___ Father ___ Other (specify) _______

Address: ____________________________________________________________

City: ___________________________ State: ___________ Zip Code: ______

Home Phone No: ___________ Cell Phone No: ___________

Country of Citizenship: ____________________________________________

School you are presently attending: __________________________________

Current Grade: _______ Guidance Counselor Name: ______________________

High School you will attend: __________________________________________

How would you describe yourself?

Race

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or other Pacific Islander

___ White

___ Other (____________________)

Ethnicity

___ Hispanic or Latino

___ Not Hispanic or Latino

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