



STUDENT APPLICATION FOR ADMISSION 2010-2011

Summer Program: JUNE 21-JULY 30, 2010

APPLICATION DEADLINE: March 15, 2010

We are delighted that you are interested in the new challenges, fun experiences, and exciting opportunities offered by Summerbridge Pittsburgh. To fill out the application packet, you will need to complete five sections. You may use this checklist to keep track of which parts of your file have been completed. Please mail all forms – except the TEACHER RECOMMENDATION and PRINCIPAL/COUNSELOR forms - directly to the Summerbridge Pittsburgh office.

STUDENT STATEMENT

Please complete this form **IN YOUR OWN HANDWRITING**. Be sure to use pen, not pencil. We suggest you do a rough draft on a separate piece of paper and show it to someone before you write the final draft on this application.

FAMILY STATEMENT

Have your parent(s) or guardian(s) complete these forms.

TEACHER REFERENCE FORMS

Give your teachers the teacher reference forms. Your teachers should complete the reference forms and mail the completed forms directly to our office.

INTERVIEW DATE SELECTION SHEET

This sheet needs to be filled out and returned to our office as soon as possible.

RELEASE OF RECORDS FORM

Have your parent(s) or guardian(s) sign this form and then give the **COUNSELOR/PRINCIPAL FORM** to either your principal or counselor to keep for their records.

MAILING ADDRESS:

Summerbridge Pittsburgh
315 Academy Avenue
Sewickley, PA 15143

QUESTIONS? Call Summerbridge at (412) 741-2230 ext. 3143 or email us at sbachner@sewickley.org for additional information about our program!

FREQUENTLY ASKED QUESTIONS

Summerbridge is a tuition-free academic enrichment program, which seeks motivated, talented students. If you are accepted, you are expected to participate in two six-week summer sessions (one after sixth grade and one after seventh grade).

HOW DO I KNOW MY FILE IS COMPLETE?

We will send you a note as soon as we receive your portion of the application to tell you what sections have been submitted to our office. Then, it is up to you to complete your file; we cannot accept you if your application is incomplete. If you have any questions, call the Summerbridge office.

WHAT KEEPS MANY INTERESTED STUDENTS FROM APPLYING?

The three biggest reasons are 1) Students worry that their friends won't apply; 2) Students procrastinate and "forget" the deadline, and 3) It can be scary to apply to a competitive program for the very first time.

WHEN DO STUDENTS FIND OUT IF THEY ARE ACCEPTED INTO THE PROGRAM?

Decision letters will be mailed April 16, 2010. We would like to accept every student into the program, but because we have a limited number of spaces, *we cannot accept everyone who applies.*

IS TRANSPORTATION PROVIDED?

Summerbridge provides free transportation to and from Sewickley Academy for its students in the Pittsburgh area during the summer program. Please note: While we make every effort to accommodate student transportation needs, we cannot guarantee that transportation will be available in your area. Students may have to walk 10 minutes or so to their bus stop, and in previous years, students outside of the transportation area were driven to Summerbridge bus stops by parents or guardians. Should you have concerns or questions, please call the Summerbridge office. *See transportation survey.*

WHERE CAN I GO FOR MORE INFORMATION ABOUT SUMMERBRIDGE?

Visit our website at www.summerbridgepittsburgh.org There you will find photo galleries, newsletters, and additional information about our program.

ANY IMPORTANT ADVICE?

Remember that applying to Summerbridge is a worthwhile chance to take. You may or may not get accepted, but it is always to your advantage to be courageous. Relax and have fun with the application. Write in pen, not pencil. Do a rough draft first so your writing is your best. Be yourself!

PART 1: STUDENT STATEMENT

Please use pen to fill out the application. Remember to print clearly. Thank you!

I. FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
 STREET ADDRESS _____
 CITY _____ ZIPCODE _____
 HOME PHONE _____ EMAIL ADDRESS _____
 NAME OF CURRENT SCHOOL NAME _____ GRADE _____
 DATE OF BIRTH _____ (MONTH/DAY/YEAR)

You must request a reference from two teachers. Please list the names of the two teachers from whom you will request references, as well as the name of the counselor (or principal) that will be sending your grades:

1. Teacher's Name _____ Subject _____
 2. Teacher's Name _____ Subject _____
 3. Counselor's Name _____

NAME AND LOCATION (City, State) OF ANY OTHER SCHOOL YOU HAVE ATTENDED SINCE KINDERGARTEN:

1. School _____ Location _____
 2. School _____ Location _____
 3. School _____ Location _____

II. SCHOOL IN THE SUMMER? GOOD GRIEF!! TELL US WHY ARE YOU APPLYING?

INTERVIEW PROCESS

All students who are selected to move on in the application process will be required to take part in a face-to-face interview. Students who are unable to attend an interview session will not be considered for admittance into the program. At this time, we would like you to rank in order of preference, the dates when interviews will be conducted. If you are selected to interview, our office will contact you with the date, time, and location of your scheduled interview. Any additional questions, please call the office at 412-741-2230 ext. 3143. Thank you!

Please indicate a 1 for 1st choice, 2 for 2nd choice, and a 3 for 3rd choice. Every attempt will be made to schedule you for your 1st or 2nd choice interview dates.

_____ Thursday, March 11, 2010 at Cardinal Wright School (North Side) 6pm-8pm

_____ Saturday, March 20, 2010 at Sewickley Academy 10am-2pm

_____ Saturday, April 10, 2010 at Sewickley Academy 10am-2pm

SUMMERBRIDGE FAMILY STATEMENT (continued)

What commitments does your child have after school? _____

Summerbridge demands a dedicated commitment on behalf of both the student and the family. How do you feel about making Summerbridge Pittsburgh a priority for the next 6 years?

Why would you like to see your child involved in Summerbridge?

How do you actively participate in your child's education?

Is there any additional information that you would like to share with us about your child?

STUDENT CONTACT INFORMATION

NAME OF STUDENT: _____
First Last

NAME OF MOTHER OR GUARDIAN: _____
First Last

Relationship to Student: Mother Guardian Stepmother Other _____

Primary Caretaker? Yes No

Home Address _____
Street City Zip

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email Address _____

Preferred Method of Contact: Home Phone Work Phone Cell Phone Email Address

Occupation _____ Employed by _____

Completed Education: High School/GED Associates Bachelor's Degree Graduate School Degree

NAME OF FATHER OR GUARDIAN: _____
First Last

Relationship to Student: Father Guardian Stepfather Other _____

Primary Caretaker? Yes No

Home Address _____
Street City Zip

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email Address _____

Preferred Method of Contact: Home Phone Work Phone Cell Phone Email Address

Occupation _____ Employed by _____

Completed Education: High School/GED Associates Bachelor's Degree Graduate School Degree

OTHER INFORMATION (Please complete **ALL** information):

Are the child's parents:

- Married? Separated? Divorced? Single parent? Widowed?

If parents are separated or divorced, who has primary (legal) custody of the child?

- Mother/guardian listed above? Father/guardian listed above? Both? (joint custody)
- Other? Name and relationship to child: _____

With whom is the child currently living?

- Mother/guardian listed above? Father/guardian listed above? Both?
- Other? Name and relationship to child: _____

Languages (other than English) spoken in the child's home: _____

Does your child receive free or reduced lunches? Yes No

Would your child be a first generation college student (the first in his or her immediate family to graduate from a four-year college)? Yes No

Does your child have a sibling that completed the program? Yes No

If yes, please give the name(s) and current age(s) of the sibling(s): _____

Please list names AND ages of other children currently living in the child's home:

Name	Age	School Name or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMITMENT AGREEMENT

Summerbridge Pittsburgh is a multi-year commitment. Beyond the two summer sessions, Summerbridge staff will work with you to enroll your son/daughter in the high school (and college) of their choice. Therefore, Summerbridge must stay in contact with your child throughout the next 6 years to offer help and guidance as needed. I understand this commitment and agree to notify Summerbridge of any changes in address, phone number, name of school, etc.

_____ Parent/Guardian Signature

_____ Date

TRANSPORTATION SURVEY

NAME OF STUDENT: _____
First Last

Summerbridge provides free transportation to and from Sewickley Academy for its students in the Pittsburgh area during the summer program. **PLEASE NOTE: While we make every effort to accommodate student transportation needs, we cannot guarantee that transportation will be available in your area.** Students may have to walk 10 minutes or so to their bus stop, and in previous years, students outside of the transportation area were driven to Summerbridge bus stops by parents or guardians.

Please answer the following questions. These questions will help us determine a bus stop that will benefit your child and others in your area. If you have any questions about transportation, please do not hesitate to contact our office at (412) 741-2230 ext. 3143

How does your child currently get to school?

- Walk School Bus PAT Bus Family provides transportation

Your child's summer 2010 address:

Please list any **major** roads or intersections within a 10 minute walk from your house:

(Examples: *Brighton Rd. @ California Avenue, Frankstown Rd. @ Robinson Blvd, Penn Ave @ Negley Avenue, etc.*)

RELEASE OF RECORDS FORM

Please complete this form and have your child take it to the **SCHOOL COUNSELOR** or **PRINCIPAL**.

To: _____
(Name of your child's school counselor or principal)

My Child: _____
(Name of your child)

is applying to SUMMERBRIDGE PITTSBURGH. Summerbridge is a tuition-free, academic enrichment program with intensive six-week summer sessions (one after sixth grade and one after seventh grade). **Please release a copy of my child's transcripts (report cards and standardized test scores) to Summerbridge Pittsburgh.**

Please mail my child's transcripts no later than March 15, 2010 to:

SUMMERBRIDGE PITTSBURGH
315 Academy Avenue
Sewickley, PA 15143

Parent or Guardian Signature

Date

Parent or Guardian Name (PRINT)

PART 3: TEACHER REFERENCE FORM

The student below is applying to SUMMERBRIDGE - a tuition-free academic program. This program seeks motivated, talented students to participate in its two six-week summer sessions (one after sixth grade and one after seventh grade). Summerbridge is committed to a diverse student body representing the variety of racial and ethnic backgrounds in the Pittsburgh area.

We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Summerbridge office at 412-741-2230 ext. 3143.

Please mail this form no later than March 15, 2010 to:

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Thank you for your help with this process!

Student's Name: _____ School: _____

Student's Gender (circle one): Male Female

Teacher's Name: _____ Subject(s): _____

I. Please comment on the following, considering the student in relation to the other students you teach:

Personality: (e.g. individuality, leadership ability, emotional maturity)

Character: (e.g. integrity, responsibility, concern for others)

Academic Ability: (e.g. competency in skills covered in your class)

(OVER)

II. Please circle the response that best suits the student in relation to the other students you teach.

KEY	
1	= NO BASIS FOR JUDGMENT
2	= BELOW AVERAGE
3	= FAIR
4	= GOOD
5	= EXCELLENT
6	= OUTSTANDING

Academic Motivation	1	2	3	4	5	6
Attitude toward homework	1	2	3	4	5	6
Works independently	1	2	3	4	5	6
Organization Skills	1	2	3	4	5	6
Attention Span	1	2	3	4	5	6
Ability to follow directions	1	2	3	4	5	6
Completion of Tasks	1	2	3	4	5	6
Listening Skills	1	2	3	4	5	6

Intellectual Curiosity	1	2	3	4	5	6
Response to limits	1	2	3	4	5	6
Willingness to try new activities	1	2	3	4	5	6
Ability to be a group leader	1	2	3	4	5	6
Self-confidence	1	2	3	4	5	6
Reaction to criticism	1	2	3	4	5	6
Concern for fellow students	1	2	3	4	5	6
Speaking Skills	1	2	3	4	5	6

III. Student's language arts skill level is

- Very Advanced
 Advanced
 Proficient
 Other _____

Comments:

IV. I recommend this student to the SUMMERBRIDGE PITTSBURGH program

- with great enthusiasm
 with confidence
 with some confidence
 with reservation*
 I do not recommend

*Please list reservations: _____

I prefer not to fill out this form and will discuss this student over the telephone with the SUMMERBRIDGE staff at (412) 741-2230 ext. 3143.

V. Additional Comments:

Teacher Signature

Date

Work phone number

Work email address

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