

HIGH SCHOOL SCHOLARS (PSEOP) APPLICATION



Please print or type. Submit the application to your guidance counselor with the \$30 application fee and with the Student and Parent sections completed. Make your check payable to Wittenberg University.

STUDENT SECTION

Name _____
last first middle

Address _____

City/State/Zip _____

Phone () _____ Social security number _____

Sex _____ Date of birth _____ Check one: _____ U.S. citizen _____ Resident alien (must provide I-551)

Ethnic origin (*Health and Human Services Dept. terms*) _____ African American _____ Asian American
_____ Caucasian _____ American Indian _____ Hispanic/Latino _____ Other _____

Please indicate any medical condition(s) of which we should be aware in order to assist you in an emergency: _____

Disability: *If you need disability-related accommodations to carry out your program, please attach an explanation concerning the nature of your disability and the accommodation needed. If you wish no accommodation but wish to make the University aware of a physical or mental disability, feel free to do so.*

Parent or guardian _____

Address (*if different*) _____

Phone: Home _____ Work _____

Alternate emergency contact _____ ()

Address (*if different*) _____

Phone: Home () _____ Work () _____

Name of high school _____

Grade Level as of the coming Fall _____ Expected H.S. graduation (*month/year*) _____

Term seeking HSS admission: _____ Fall _____ Spring _____ Summer _____ Year _____

(*Summer Session does not come under PSEOP, and is for college credit only. Students pay for tuition + books and supplies.*)

PSEOP option you are seeking (*omit if enrolling for Summer only*):

_____ Option A (*college credit only*) _____ Option B (*college and high school credit*)

Enrollment pattern you envision at Wittenberg for the next two years. (*Seniors: ignore second year.*) Indicate number of Wittenberg courses per semester. Please note: first time students may take only one course during their first semester.

First year: Summer _____ Fall _____ Spring _____

Second year: Summer _____ Fall _____ Spring _____

Wittenberg Course(s) you are considering _____

I understand that misrepresentation on this application will be cause for termination of enrollment and responsibility for all charges. I agree to abide by the policies and expectations of the University. I further agree that the University has my consent to notify my parent or guardian, designated high school official, and the State Superintendent of Public Instruction of my enrollment and grades at Wittenberg.

Signature _____ Date _____

PARENT OR GUARDIAN SECTION

The high school has counseled me regarding the considerations and effects of participating in the HSS program. I understand the nature, requirements and expectations of the program — including the responsibility under Option B to pay the cost of all tuition, fees, books, and materials in the event that my child or ward drops a course or ceases attendance. My child or ward has my approval to enroll. The University has my consent to notify the designated high school official, and the State Superintendent of Public Instruction of this child's enrollment and grades within the program. In the event of a medical emergency, I authorize the University to obtain such medical treatment as it deems advisable.

Signature _____ Date _____

SCHOOL OFFICIALS' SECTION

Student's name _____

High School _____

Counselor: Please enclose a transcript of the secondary school record. It should include courses taken and grades earned, courses in progress with grades if available, class rank, scores for any standardized tests taken, explanation of grading system, and notation of accelerated, advanced Placement or honors courses.

(For the following responses, you may enclose a separate sheet if you prefer.)

Please indicate why you believe we should consider this student for the High School Scholars Program.

Indicate particular strengths, weaknesses, or special circumstances of which we should be aware.

This student ranks _____ from the top in a class of _____. Cumulative GPA _____ on a 4.0 scale.

This student has passed all five parts of the Ohio 9th Grade Proficiency exam. ___ Yes ___ No

If No, indicate areas not passed: _____

I recommend this student for the High School Scholars program.

Counselor signature _____ Date _____

Principal signature _____ Date _____

Phone () _____

Please be sure that the application includes the signature of the student, parent or guardian, counselor and principal, and the \$30 application fee (or hardship waiver request.) Please send to:

High School Scholars Program
School of Community Education
Wittenberg University
P.O. Box 720
Springfield, OH 45501-0720