High School Scholars Program
Principal/Guidance Counselor Recommendation Form
Deadline to Receive: June 16, 2023

The High School Scholars Program at St. John’s University provides high achieving rising senior high school students the opportunity to earn college credits during the summer. Students can enroll in up to two college-level courses, taught by St. John’s University faculty, on the Queens Campus or Online. These courses are available to our current St. John’s University students, and we are extending enrollment to high achieving high school students. The grades earned during the High School Scholars Program will begin, or be added to, the student’s academic transcript at St. John’s.

The dates of the summer term are July 10 to August 10, and classes meet Monday through Thursday. High School Scholars who enroll at St. John’s University, the semester after high school graduation, will receive a $2,000 Tuition Grant, eligible for four continuous years.

All interested students must complete the online application, meet the following academic requirements, and submit the following information to be considered for this Program. An interview may be required.

**Academic Requirements:**
- High School Average 92

**Required Documents:**
- High School Scholars Parent/Guardian Consent Form
- High School Scholars Principal/Guidance Counselor Recommendation Form
- High School Transcript - An unofficial transcript can be uploaded as part of the online application for review and for the purposes of conditional acceptance to the High School Scholars Program. **An official transcript is required to finalize your admission decision into the Program.** Official transcripts can be mailed to:
  St. John's University
  8000 Utopia Parkway
  Jamaica, N.Y. 11439
  Attn: Margarita David
  Newman Hall Rm 155

**Student Section**
By indicating your name below, you are authorizing this high school representative to review and discuss your academic record/credentials with a representative from the High School Scholars Program at St. John’s University, and you hereby waive your right under the Family Educational Rights and Privacy Act (FERPA) to access and/or review the “Principal/Guidance Counselor Recommendation Form.” Furthermore, you are authorizing the release of academic information to St. John’s University, if requested. If you agree to these terms, please complete the required information below and submit this form to your Principal or Guidance Counselor. Request that they submit the completed form either via mail, email, or fax using the information provided at the end of the form.

_________________________________________  _________________________________________  _____________________________
First Name                                      Middle Initial                         Last Name/family

___________________________________________
Date of birth

___________________________________________
Personal Email
**Principal/Guidance Counselor Section**

This recommendation allows you to share unique insights about your student. Please provide an evaluation of these student’s intellectual curiosity, creative thoughts, and work habits.

First Name ________________________________  Last Name ________________________________

Email ________________________________  Phone ________________________________

Please indicate if you are the Principal or the Guidance Counselor.  
☐ Principal  ☐ Guidance Counselor

**School details**

School name ________________________________  CEEB code ________________________________

Address 

Number and street ________________________________  City/town ________________________________

State/province ________________________________  Zip/postal code ________________________________

**Ratings**

Compared to other students, how do you rate this student in terms of:

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<th>Academic achievements</th>
<th>No basis</th>
<th>Below average</th>
<th>Average (above average)</th>
<th>Good (well above average)</th>
<th>Very good (top 10%)</th>
<th>Excellent (top 5%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few encountered in my career</th>
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Evaluation
How long have you known this student?

What are the first words that come to your mind to describe this student?

Additional comments:

Signature ____________________________ Date mm/dd/yyyy

Please return this form to:
Margarita David by June 16, 2023
via:
email: gonzalm3@stjohns.edu
or
fax: (718) 990-2158
or
postal mail:
St. John’s University
8000 Utopia Parkway
Queens, NY 11432
Attention: Margarita David
Newman Hall, Room 155