The **High School Scholars Program** at St. John’s University provides high achieving rising senior year 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 8th to August 8th, 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 for up to four years of full-time, continuous enrollment.

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.

*It is important to note:*

- *all completed High School Scholars courses, including grades received, will be part of the student’s academic record at St. John’s University, and, therefore, will be reflected on their academic transcript and factored into their cumulative Grade Point Average.*
- *if the student enrolls at St. John’s University, the applicability of these credits toward their St. John’s degree will be dependent upon their chosen program of study.*
- *the transferability of these credits to other colleges and universities is not, and cannot, be guaranteed. Students are advised to contact the Office of Admissions of the intended institution to inquire about their transfer credit policy.*

**Academic Requirements:**
- Test Optional: High School Average 92
- With Standardized Test Scores: High School Average 90 with 1210 SAT or 25 ACT

**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 application review and for 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 the address listed at the end of this form.
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. Furthermore, you are authorizing the release of academic information to St. John’s University, if requested. If you agree to these terms, please indicate the required information below and submit this form to your Principal or Guidance Counselor. Request that they submit the completed form either via mail or email using the information provided at the bottom of the form.

First Name: ____________________________________________  Last Name: ____________________________________________

Date of birth: ___________________________  Email: ____________________________________________

Principal/Guidance Counselor Section
This recommendation allows you to share unique insights about your student. Please provide an evaluation of this student’s intellectual curiosity, creative thought, and work habits.

First Name: ____________________________________________  Last Name: ____________________________________________

Email: ____________________________________________  Phone: ___________________________

Please indicate if you are the Principal or the Guidance Counselor.  Principal  [ ]  Guidance Counselor  [ ]

If you are not the Guidance Counselor, please provide the counselor information below for transcript purposes:

First Name: ____________________________________________  Last Name: ____________________________________________

Email: ____________________________________________  Phone: ___________________________

School Information

School Name: ____________________________________________  CEEB Code: ____________________________

Address

Number and street: ____________________________________________  City/town: ____________________________________________

State/province: ____________________________________________  Zip/postal code: ____________________________

Evaluation

How long have you known this student?

________________________________________

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

________________________________________
Ratings

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

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<th>No basis</th>
<th>Below average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very good (well above average)</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
<th>One of the top few encountered in my career</th>
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Additional comments:

________________________________________________________________________

________________________________________________________________________

Signature ____________________________ Date ____________________________

Please return this form to:
Margarita David:
by email at gonzalm3@stjohns.edu
or
by postal mail:
St. John’s University
8000 Utopia Parkway
Queens, NY 11432
Attention: Margarita David
Newman Hall Room 155