

High School Scholars Program

Principal/Guidance Counselor Recommendation Form

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 14th to August 14th, 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.

This recommendation allows you to share unique insights about your student. Please provide an evaluation of this stude intellectual curiosity, creative thought, and work habits. First Name Last Name Phone Phone Phone Guidance Counselor Guidance	First Name	Middle Initial	Last Name/family					
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 Phone School Information School Name CEEB Code Address Number and street City/town State/province Zip/postal code Evaluation	Date of birth	Email						
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 Zp/postal code Evaluation	Principal/Guidance Coun	selor Section						
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 Gity/town State/province Zip/postal code Evaluation			student. Please provide an evaluation of this studer					
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 Phone School Information School Name CEEB Code Address Number and street City/town State/province Zip/postal code Evaluation	First Name	Last Name						
First Name Last Name Phone School Information School Name CEEB Code Address Number and street Zip/postal code Evaluation	Email		Phone					
Email Phone School Information School Name CEEB Code Address Number and street City/town State/province Zip/postal code Evaluation	Please indicate if you are the Principal or	the Guidance Counselor.	Principal ☐ Guidance Counselor ☐					
School Information School Name CEEB Code Address Number and street City/town State/province Zip/postal code Evaluation	If you are not the Guidance Counselor, ple	ease provide the counselor i	information below fortranscript purposes:					
School Information School Name CEEB Code Address Number and street City/town State/province Zip/postal code Evaluation	First Name	Last Nar	me					
School Name Address Number and street State/province Zip/postal code Evaluation	Email		Phone					
Address Number and street State/province Zip/postal code Evaluation	School Information							
Number and street City/town State/province Zip/postal code Evaluation	School Name		CEEB Code					
State/province Zip/postal code Evaluation	Address							
Evaluation	Number and street		City/town					
		Zip/postal code						
How long have you known this student?	Evaluation							
	How long have you known this student?							

Ratings

Compared to other students in their crass, now t	No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
Academic achievements								
Intellectual promise								
Quality of writing								
Creative thought								
Productive discussion								
Faculty respect								
Disciplined habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self confidence								
Initiative								
Overall								
Additional comments:								
Signature					D	ate	mm	/dd/yyyyy

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 11439

Attention: Margarita David Newman Hall Room 155