

SALESIAN HIGH SCHOOL

Math Leaders Program Application for Admission

Part I: To be completed by applicant

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Parent Cell Phone Number: (____) _____

Date of Birth: _____ Student e-mail address: _____

Religious Affiliation: _____ Present School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Name of Principal: _____ Name of School Counselor: _____

Name of teacher who knows you best & subject they teach: _____

Name of your current math teacher: _____

Describe the math course you are currently taking: _____

Describe your academic performance in math: _____

Describe the science course you are currently taking: _____

Describe your academic performance in science: _____

Describe your overall school performance in a few sentences: _____

Describe your current long-term academic/career goal: _____

Describe your computer skills (be specific): _____

Describe the amount of time (on a typical school day) that you devote to homework & studying: _____

List any colleges you may be familiar with, or ones you want to know more about: _____

What academic areas do you excel in?: _____

What academic areas do you find challenging? _____

Why do you think you are qualified to be admitted to this very selective and competitive program?:

Please provide any additional information the selection committee should know about you:

Optional Short Essay Question:

Describe a person you admire or who has influenced you. (500 words maximum)

Please complete essay question on a separate piece of paper to submit along with this application.

Part II: To be completed by parent(s)

Describe your son's academic motivation & performance: _____

Describe why you feel your son should be admitted to this special program: _____

What are the first words that come to mind to describe your son?: _____

Please provide areas of strength for your son?: _____

Please provide areas your son finds challenging?: _____

How would your son's teachers describe him: _____

Would you be willing to allow your son to take supplementary courses during the summer and/or weekends?: _____

Would you be willing to accompany your son on visits to some of the country's most academically competitive colleges and universities?: _____

Indicate any questions or concerns you may have about the program: _____

Parent Contact Information

Father

Mother

Name: _____

Address: (if different than applicant's)

Home Phone Number: (____) _____

(____) _____

Cell Phone Number: (____) _____

(____) _____

Work Phone Number: (____) _____

(____) _____



All applications are due by: Monday, December 10, 2018

Complete applications include:

1. Application packet
2. Copy of final 7th grade & most recent 8th grade report card
3. Optional Short Essay (if applicable)

Applications should be returned by mail, email or dropped off in person to:

Attn: Ms. Jaimi O'Connor
Math Leaders Program Coordinator & School Counselor
 148 Main Street
 New Rochelle, NY 10801
 914-632-0248

