

**2009 SUMMER SCIENCE TRAINING PROGRAM
MILLERSVILLE UNIVERSITY SCHOOL OF SCIENCE & MATHEMATICS**

APPLICATION -- PART 2

TO BE COMPLETED BY THE STUDENT'S GUIDANCE COUNSELOR and returned by **FRIDAY, MAY 15, 2009** to the Office of the Dean, School of Science and Mathematics, Caputo Hall, Millersville University, P.O. Box 1002, Millersville, PA, 17551-0302. The form may be faxed to 717-872-3985. (Fax front and back of the form.)

Please print or type

APPLICANT: PLEASE COMPLETE THE TOP SECTION OF THIS FORM AND FORWARD IT TO YOUR COUNSELOR.

Student's name: _____
(last) (first or first initial) (middle initial or name)

Home address: _____
(house or box #) (street or route) (city)

(state) (zip code) (county)

School name: _____

School telephone: _____ / _____
(area code)

COUNSELOR:

Please attach a formal transcript of courses and grades for this student, including the student's 2008-09 grade reports to date.

Please complete the following information as thoroughly as possible, even if some of this information appears on the transcript.

To help us identify underrepresented students who may be eligible for scholarships, please indicate if this student is: ___ Asian ___ Black ___ Hispanic

1. The student applicant is **currently** in grade ___ 7 / ___ 8 / ___ 9 / ___ 10 / ___ 11
2. Class size: _____
3. % class rank: _____
4. Grade Point Average: _____
5. PSAT (if available): _____ (verbal) / _____ (math)
6. Other test scores:
test: _____ / score: _____ / date: _____
test: _____ / score: _____ / date: _____
test: _____ / score: _____ / date: _____

(Over)

Please comment on special qualities or special problems this applicant has of which the Selection Committee should be aware.

Thank you for taking the time to complete this recommendation. Your comments will be treated as confidential, and will not be shared with the applicant.

_____/_____
Name of Counselor (please print) / Title (please print)

_____/_____
Signature of Counselor / Date