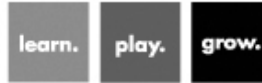




# HOFSTRA SUMMER CAMPS

A choice that can change your child's life!



## Application of Eligibility Form for the Hofstra University Gifted Camp

Campers Name \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Campers Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade (grade as of Sept. 2011) \_\_\_\_\_

Name of Emergency Contact Person other than parent: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Camper lives with (check all that apply):  Father  Mother  Both  Other

Parents' Names: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents' Occupations: Father \_\_\_\_\_ Mother \_\_\_\_\_

Business Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

E-mail Address: Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of Campers School \_\_\_\_\_ Type  Public  Private  Parochial

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School Principal (Mrs. Ms. Mr. Dr.) \_\_\_\_\_

Name of School G/T Coordinator or Counselor (Mrs. Ms. Mr. Dr.) \_\_\_\_\_

Name of Current (Homeroom) Teacher (Mrs. Ms. Mr. Dr.) \_\_\_\_\_

### ELIGIBILITY CRITERIA

The Gifted Camp requires that proof of high academic ability and/or achievement be submitted with the application. Campers who meet one of the following criteria are invited to apply to the Gifted Camp:

- Academically talented campers entering grades K -6 who have scored at the 95th percentile or above in at least one of the major content areas or ability sections of a nationally normed standardized test administered by their school (ERB CTP 4, IOWA, CAT, MAT, CTBS, SRA, etc.). Please send a copy of the test scores.
- Campers who have been identified as gifted and/or who are participating or have participated successfully in a local or school gifted program. Please send verification of participation from the local or school gifted program.
- Campers who have been selected by a regional or national gifted talent search program, such as the Johns Hopkins' Center for Talented Youth Talent Search. Please send verification of selection for such a program.
- If no local or school gifted program exists, or if no test scores are available, two letters of recommendation can be submitted from two educators. You can print the letter of recommendation form from our Web site;





HOFSTRA UNIVERSITY  
University College for Continuing Education  
**Summer Camps**  
250 Hofstra University, Hempstead, NY 11549  
(516) 463-CAMP [www.hofstra.edu/camp](http://www.hofstra.edu/camp)

**Hofstra's Gifted Camp  
Letter of Recommendation Form**

Dear Parent:

Thank you for your interest in the Hofstra Gifted Camp. The Gifted Camp is an academic program for academically gifted students that involve enrichment and acceleration. Letters of recommendation are accepted toward admittance into our program in cases where no local gifted program exists or scores from standardized tests are unavailable. We would appreciate your evaluation of this student's potential and performance to determine whether placement in this selective program is appropriate. Thank you in advance for your thoughtful consideration of this student's candidacy for the Hofstra Gifted Camp.

**We accept two letters of recommendations only** if scores from standardized tests are **NOT available** or **if no local or school gifted program exists** to qualify your child for the gifted camp.

Then please follow the following steps to process your child's application:

- Fill out your child's name, address and grade level at the top of each page of the letter of recommendations.
- Give two educators' who are completing the letters of recommendations form a copy of the gifted camp description from the Hofstra University Summer Camp brochure or Web site so that they understand the kind of program to which you are applying.
- Have two different educators familiar with your child's academic achievement and who knows your child's work complete the letter of recommendations.
- The educator providing the recommendation should complete the form and return it directly to the camp office address.
- Parents should submit the application of eligibility and the \$50 gifted camp application fee to the camp office; Hofstra University Summer Camps, 250 Hofstra University, Hempstead, NY 11549
- Make copies for your records.

When we receive all forms, we will review your entire application and once approved, will send you a letter of acceptance, a "Specialty Camp Registration Form" and a "Medical Form" to register your child for camp. Please return these forms as soon as possible.

Please contact us if you have any questions. Hofstra Summer Camps (516) 463 – CAMP (2267)

Yours Truly,  
Terence Ryan, Director  
Frances Bruscano, Associate Director

**Please keep this cover letter for your records.**



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### Hofstra Gifted Camp Letter of Recommendation Form

To be completed by the parent of the camper and the school educators:

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Student's name (Last) (First) (Middle) Grade Level

Students Address

To be completed by the school educator(s) recommending the student:

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Recommender's Name (Last) (First) (Dr., Mr., Mrs., Ms.) Title School Phone #

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School Name and Address

In what capacity have you known this student (*check all that apply*)

- Classroom Teacher (*Please specify subjects*) \_\_\_\_\_  
 Guidance Counselor      Teacher of the Gifted      Other (*Please Specify*) \_\_\_\_\_  
 Principal / Ass't. Principal      Parent

Considering all of the students you have taught or known during your professional career, please rank this student in the following categories:

Good 
➔
 Best

	Less than Top 1/3	Top 30%	Top 20%	Top 10%	Top 5%	Top 3%
Academic Potential						
Academic Performance						
Creative Thinking						
Critical/Analytical Thinking						
Problem-Solving Ability						
Task commitment						
Study/Organizational/Time Management Skills						
Intellectual Curiosity						
Verbal/Written Skills						
Mathematical Skills						



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### Hofstra Gifted Camp Letter of Recommendation Form

2. Please indicate the level at which the student is currently working in most of the areas listed above in #3:  
 \_ at grade level      \_ 1 grade above      \_ 2 or more grades above      \_ unavailable to evaluate
3. In your professional opinion, what is the likelihood of this student succeeding in the Gifted Camp?  
 \_ I believe this student will be **extremely** successful  
 \_ I believe this student will be **quite** successful  
 \_ I believe this student will be **somewhat** successful  
 \_ I believe this student will have **some difficulty** being successful  
 \_ I believe this student will have **substantial difficulty** being successful
4. Please write briefly about this student, indicating both strengths and weaknesses and highlighting any specific outstanding contributions this student has made to the school or community.

\_\_\_\_\_  
 Signature of Recommender

\_\_\_\_\_  
 Date

Then please follow the following steps to process your child’s application.

After the parent completes the top portion, the parent should have the school educator complete the rest of the form and send the letter of recommendations to Hofstra.

The parent should then:

- Complete the Hofstra Gifted Camp Application of Eligibility form (from the camp website) and submit with a nonrefundable gifted application fee of \$50 payable to Hofstra University.
- Make copies of all forms for your records.
- Return directly to : Hofstra University Summer Camps, 250 Hofstra University, Hempstead, NY 11549

When we receive both forms, we will review your entire application and once approved, will send you:

- a letter of acceptance
- a “Specialty Camp Registration Form”
- a “Medical Form”

Please return these the Specialty Camp registration Form immediately. The medical form can be returned by June 1.