

Application of Eligibility Form for the Hofstra University Gifted Program

Hofstra University - Oak Street Center - 101 Oak Street, Uniondale, NY 11553 Phone: 516-463-7400 / Fax: 516-463-6114 / Email: ce-youth@hofstra.edu

MUST BE FILLED OUT BY PARENT OR GUARDIAN AND MAILED OR FAXED TO HOFSTRA UNIVERSITY

Student's Last Name			Student's First Name				
Date of Birth			 Grade	□ Male	□ Female		
Date of birtii	Age		Graue				
Street Name (Mailing Address))		City	State	ZIP		
Mother / Guardian Name	Cell Number		Mother's Email Address				
Father / Guardian Name	Cell Number		Father's Email Address				
Name of School Camper Att	tends	City		 State	Zip		

All Students must submit TWO letters of recommendations

*Enrollment to the Hofstra Gifted program is on a rolling, first-come, first served basis for qualified students, please check our website for eligibility criteria.

If accepted you will be instructed to fill out a registration form.

(There is a \$50 non-refundable gifted application fee, which will be billed after the application is processed.)



Hofstra University Gifted Program Letter of Recommendation Form

Hofstra University - Oak Street Center - 101 Oak Street, Uniondale, NY 11553 Phone: 516-463-7400 / Fax: 516-463-6114 / Email: ce-youth@hofstra.edu

MUST BE FILLED OUT BY SCHOOL EDUCATOR AND MAILED OR FAXED TO HOFSTRA UNIVERSITY

Please Print:								
Student's Last Name		Stud	ent's First Nam	e	Gra	de		
Name of School Camper Attends		Educators Name				Title		
Considering all of the student	_	u have	taught or kno	wn during your	professional car	eer, please ran	k this	
student in the following categorial	g <u>ories</u> : Below	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 Skills								
Time Management								
Intellectual Curiosity								
Verbal/Written Skills								
Mathematical Skills								
In your professional opinion,	what is th	ne like	lihood of this s	tudent succeed	ing in a gifted pr	ogram?		
☐ I believe this student will be	extremel	y succ	essful 🗆 I k	pelieve this stude	ent will be quite	successful		
$\hfill\Box$ I believe this student will be	somewh	at suc	cessful 🗆 I k	pelieve this stude	ent will have sor	ne difficulty bei	ng successfu	
☐ I believe this student will ha	ve substa	ntial c	lifficulty being	successful				
Please write a brief statemen	t about tl	nis stu	dent, indicatin	g both strengths	s and weakness			
Signature of Educator				 Dat	<u></u>			