



Application of Eligibility Form for the Hofstra University Gifted Program

Hofstra University - Oak Street Center - 101 Oak Street, Uniondale, NY 11553
Phone: 516-463-7200 / Fax: 516-463-6114 / Email: Jessica.Dease@hofstra.edu

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

Please Print:

_____		_____	
Student's Last Name		Student's First Name	
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Age	Grade	
_____		_____	_____
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 Attends		City	State Zip

Eligibility Criteria: Please check off which of the following paperwork will be forwarded to us.

- Currently in a gifted program at school FSIQ Scores of 130 or above
- Standardized Test Scores Two Hofstra University Gifted Program "Letter of Recommendation Form"
(showing that student scored in the 95% or above in at least one of the major content areas)

*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.

(This form must be accompanied by \$50 non-refundable gifted application fee)

Payment Amount _____ Check # _____ Credit Card: Visa MasterCard American Express
(Checks payable to Hofstra University)

Card Number _____ Card Expiration Date _____

Name on Card _____ Security Code _____

Billing Address _____

Signature _____

Hofstra University Gifted Program Letter of Recommendation Form

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

Please Print:

Student's Last Name	Student's First Name	Grade
Name of School Camper Attends	Educators Name	Title

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

	Below 1/3	Top 30%	Top 20%	Top 10%	Top 5%	Top 3%
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical / Analytical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study/Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal/Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your professional opinion, what is the likelihood of this student succeeding in a gifted program?

- 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

Please write a brief statement about this student, indicating both strengths and weakness

 Signature of Educator

 Date