



# 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](mailto:ce-youth@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 \_\_\_\_\_

## Hofstra University Gifted Program Letter of Recommendation Form

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Phone: 516-463-7400 / Fax: 516-463-6114 / Email: [ce-youth@hofstra.edu](mailto:ce-youth@hofstra.edu)

**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**

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\_\_\_\_\_  
Signature of Educator

\_\_\_\_\_  
Date