



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

Hofstra University - Oak Street Center - 101 Oak Street, Uniondale, NY 11553

Phone: 516-463-2267 / Fax: 516-463-6114 / Email: [ce-camps@hofstra.edu](mailto:ce-camps@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 \_\_\_\_\_