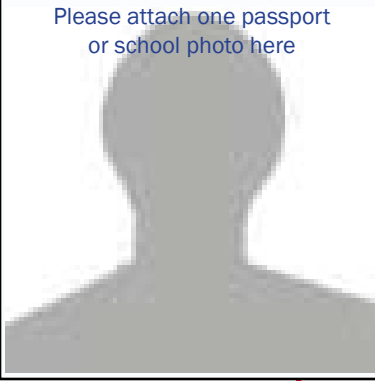


**Please follow directions and check your application carefully for completeness and all needed signatures!  
Use the following list to assure that your application is complete when it is submitted.**

- Complete application in **BLUE** ink to assist office in verifying original signatures.
- Two passport style or school photographs, not snapshots, taken in 2011 or 2012
- A recommendation from two different adults such as teacher(s) or club sponsor with whom you interact regularly; please ask each person to complete a form, seal it in an envelope, and return the envelope to you. Include both recommendations in their sealed envelopes with the other parts of your application.
- A transcript of your grades and courses from grades 9 and above; ask your counselor for the transcript in a sealed envelope and attach it to your completed application.
- A copy of PSAT, SAT, or ACT score report; you may submit a copy of the report sent to your home or your school. Test scores are mandatory.
- A two-page personal essay (typed); the essay should describe a school or other experience that contributed to your learning. Be sure to give details about the experience itself and about how it affected you.
- An application fee of \$25; check or money order should be made to SMU Pre-college and include the name of the applicant, and the maker of the check.
- Every blank completed!
- Remember, incomplete applications will not be considered.
- Complete each blank and submit all copies and required documents.



**Name** \_\_\_\_\_  
last first middle area code / telephone #

**Address** \_\_\_\_\_  
(Permanent) number & street apt. # city state zip code

Social Security Number \_\_\_\_\_

Grade level during 2011-12 school year:  10th  11th Sex:  Female

Ethnic Description (optional)

1. Are you of Hispanic origin?  Yes (If yes, question 2 is optional.)  
 No (If no, you must answer question 2.)

2. Do you identify with one or more of the following ? (More than one may be selected.)

Black/African American  American Indian/Alaska Native  Asian  Native Hawaiian/Pacific Islander  White

Ethnic category explanations can be found on the Web at <http://smu.edu.registrar/ethnicity.asp>

Country of Citizenship \_\_\_\_\_ Birth Date \_\_\_\_\_ Religious Affiliation (Optional) \_\_\_\_\_

\*For non U.S. Citizens Only: If you are a Permanent Resident, please provide your alien card identification: \_\_\_\_\_

If you are a Non-Immigrant, please state your Visa status: \_\_\_\_\_

**School Information:**

Name of School \_\_\_\_\_

School District \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

With whom do you live?  Both Parents  Father  Mother  Other; who? \_\_\_\_\_

Whom should we call with a question or emergency? \_\_\_\_\_  
Name Relationship

(Area Code) / Telephone during the daytime hours

(Area Code) / Telephone during the evening hours

(Please list a person who will always be available during the entire GTB session.)

**Criminal History Questions**

1. Have you ever been arrested? Yes \_\_\_ No \_\_\_

2. Have you ever been indicted for any offense? Yes \_\_\_ No \_\_\_

3. Have you ever been adjudicated by a court as having been engaged in delinquent conduct or in conduct indicating a need for supervision? Yes \_\_\_ No \_\_\_

(If you have answered "yes" to any question asked above, please explain. Disclosure in the affirmative will not necessarily result in rejection of an applicant for admission. Failure to disclose such a record, if it exists, and to explain that record honestly, however, will subject a student to the Pre-college Program's grievance process and may result in dismissal from the University. Failure to explain an affirmative response to this question will result in the Application's not being further processed.)

I have reviewed the above information. My signature below indicates that all the information contained in my application is factually correct and honestly presented. Further, I give permission for SMU to publish program photographs including my child. I understand that I am responsible for any reasonable collection costs, charges and/or attorney's fees necessary to collect any outstanding debt I owe SMU/GTB.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Check if appropriate:

- Parents Separated  Parents Divorced  Father Remarried  Father Deceased  Mother Remarried  Mother Deceased

Student's Full Name \_\_\_\_\_

**FATHER'S INFORMATION**

Full Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Profession or Occupation Position \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

College (if attended) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if attended) \_\_\_\_\_ Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

**STEPMOTHER'S INFORMATION**

Stepmother's/Guardian's Full Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Profession or Occupation Position \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

College (if attended) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if attended) \_\_\_\_\_ Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

**MOTHER'S INFORMATION**

Full Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Profession or Occupation Position \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

College (if attended) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if attended) \_\_\_\_\_ Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

**STEPFATHER'S INFORMATION**

Stepfather's/Guardian's Full Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Profession or Occupation Position \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

College (if attended) \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if attended) \_\_\_\_\_ Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

• • Attach recommendations (2) in sealed envelopes to application. • •

To be completed by two academic teachers or one teacher and an adult (not a relative) with whom you interact regularly and who knows your academic status and character.

☛ To the Student: Please copy this form. Complete the personal information section below before distributing forms to each person recommending you.

Applying for the Girls Talk Back Program of \_\_\_\_\_  
Year \_\_\_\_\_ Grade Level in 2011-12 \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street / Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I waive \_\_\_\_\_ / I do not waive \_\_\_\_\_ all future rights to review this form once submitted to the program and agree to respect the confidentiality of the remarks made by you.**

\_\_\_\_\_  
Signature of Student

☛ Note: The student named above is applying for admission to the Girls Talk Back: Making Yourself Heard (GTB) program at Southern Methodist University. The program is designed for students who are preparing for college entrance.

Your recommendation should include distinguishing intellectual and personal traits as well as special talents of the applicant. Statements will be kept confidential and made available only to those officers directly concerned with admission to the GTB Program. If the student has not signed the waiver, you should nevertheless complete the recommendation. (Note the student's signature above signifying agreement to waive all future rights to review this form once it has been submitted to the program.)

Great importance is attached to your recommendation. Your honest and thoughtful appraisal of the applicant's readiness for this college exposure will be appreciated. Many students have not yet reached the level of social maturity necessary to handle an early introduction to the problems and opportunities associated with college life such as demanding academic courses and residence hall life. Please be candid in your opinions. No candidate is eliminated on the basis of a single negative rating; supporting evidence is always obtained from other sources.

Please seal the recommendation in an envelope labeled with the student name and return to the student to include with the application.

Please complete the following sections. Attach additional sheets as needed.

1. Knowledge of the applicant.

A. You are the applicant's teacher \_\_\_\_\_ or counselor \_\_\_\_\_ or \_\_\_\_\_

B. How well do you know the student? Casually \_\_\_\_\_ Well \_\_\_\_\_ Very Well \_\_\_\_\_

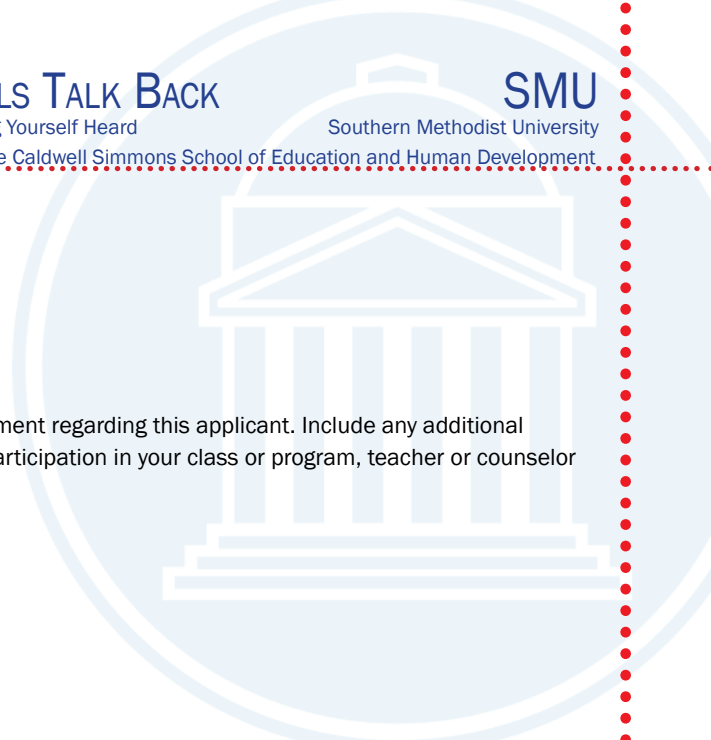
C. How long have you known the student? Years \_\_\_\_\_ Months \_\_\_\_\_

2. Ability of the applicant.

A. Please rate the applicant on a scale of 1 (low) to 10 (high) relative to other students at your institution.

B. How would the applicant likely benefit from the program?

C. In your opinion, are there any reasons the student might not benefit from the program?



D. What is the applicant's greatest strength?

Most obvious weakness?

E. Optional Personal Statement

Please supplement your answers to the above questions with a personal statement regarding this applicant. Include any additional information that would be helpful to us in making a decision (e.g. successful participation in your class or program, teacher or counselor observations); if more room is needed, please attach additional page(s).

F. Overall recommendation:

- I recommend this applicant strongly.
- I recommend this applicant with reservation.
- I believe that the applicant is unsuited for the program at this time.

Teacher/Counselor/other adult (please print) \_\_\_\_\_

Title \_\_\_\_\_

Institution or Organization \_\_\_\_\_

Address \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

FAX # \_\_\_\_\_ email address \_\_\_\_\_

Will the telephone numbers above allow us to reach you after school is out? rYes rNo

If no, how can we reach you? \_\_\_\_\_

Phone # or address

Signature \_\_\_\_\_

Date \_\_\_\_\_