



# Nomination/Application for LEAP/UNITE Summer Scholars Program

(For students who will be entering the ninth, tenth, and eleventh grades)

*This page to be completed by parent/guardian  
Applications will not be processed with missing information  
Please type or print clearly in dark ink*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_  
Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: LA Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Emergency Contact#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Current School: \_\_\_\_\_ Grade (as of next school year): \_\_\_\_\_  
Does your child receive free/reduced lunch at school? Yes  No

**Career Interest at this Time (Please Circle One):**

Art/ Music	Biologist/ Microbiology	Business & Related Areas	Chemistry/ Biochemistry	Media/ Audio/Visual
Computer Science	Teaching/ Athletic Coaching/ Counseling	Engineering	Law Enforcement	Math/Physics
Firefighting	Politics/ Law	Military	Pharmacy	Medicine
Philosophy	Ministry	Professional Trade	Social Work	Other: _____

Father's Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Father's Education: GED \_\_\_\_\_ High School Diploma \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mother's Education: GED \_\_\_\_\_ High School Diploma \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_

To the School Counselor:

I understand that if my child is selected for the Summer Scholars Program he/she will abide by all the rules of the program and will be present for the entire program. I hereby give permission for my child's academic transcript and records to be forwarded in support of this application to the LEAP/UNITE Summer Scholars Program (SSP) at Xavier University of Louisiana.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**(This section to be completed by the nominating LEAP Sponsor, school counselor, or school teacher)**

The student's cumulative grade point average (0.0 to 4.0) \_\_\_\_\_/4.0 Rank in Class: \_\_\_\_\_/\_\_\_\_\_

The curriculum pursued by the student can best be described as (check one):

Honors/Gifted: \_\_\_\_\_ College Preparatory: \_\_\_\_\_ Regular/Standard: \_\_\_\_\_  
Vocational: \_\_\_\_\_ Remedial: \_\_\_\_\_ Other: \_\_\_\_\_

Your overall evaluation of this student in comparison to other students taught is:

\_\_\_\_\_ Top 5%      \_\_\_\_\_ Top 10%      \_\_\_\_\_ Top 25%      \_\_\_\_\_ Top 33%  
\_\_\_\_\_ Top 50%      \_\_\_\_\_ Average      \_\_\_\_\_ Top 75%      \_\_\_\_\_ Top 90%

Please indicate all classes the student will be taking next school year.

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Other comments that you believe will help us to evaluate the student's academic potential, ability to benefit from our program, and ability to learn.

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Is the student capable conducting himself/herself in an orderly and courteous manner on a college campus where he/she will interact with a large number of students of all ages? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed) \_\_\_\_\_ Title \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE MAIL COMPLETED WITH TRANSCRIPT BY MAY 11, 2012 TO...**

**LEAP/UNITE Summer Scholars Program  
Xavier University of Louisiana  
ATTN: Shalarna Davis  
1 Drexel Drive Box 95  
New Orleans, LA 70125  
Voice: 504-520-5411**

**ALL APPLICATIONS WILL BE PROCESSED AS THEY ARE RECEIVED.  
THERE ARE A LIMITED NUMBER OF POSITIONS!**