2016 Honors Summer Academy Application

Program dates: June 12 – July 08, 2016

Application postmark deadline: April 30, 2016

Space is limited and may fill at any time. Only complete applications will be considered.

A complete application packet consists of:

- Completed University of Arizona Non-degree Seeking application (fillable online at http://admissions.arizona.edu/other/non-degree-seeking-students)
- Honors College web-based application (http://www.honors.arizona.edu/future-students/honors-summer-academy-admissions)
- Honors College supplemental forms (this packet)
- Non-refundable $60 application fee (please make checks payable to the University of Arizona)
- Official high school transcript including Fall 2015 grades
- Teacher recommendation form(s) – two required for sophomore applicants, one for juniors/seniors

Additionally, the completed Student Health Immunization Requirement Form must be sent directly to UA Campus Health (see instructions on the form).

Mail all application materials in one envelope to:
Honors Summer Academy
The Honors College
PO Box 210006
The University of Arizona
Tucson, AZ, 85721-0006

Please call 520-621-6901 or email honorsacademy@email.arizona.edu with any questions.
Applicant Name (PRINTED):

Agreement of Applicant Form (to be printed and mailed in)

Timely Completion of Forms: I understand that my participation in Honors Summer Academy (HSA) is contingent upon my returning all forms (application, registration, housing, etc.) and other materials which may be requested by HSA or the University of Arizona (UA) by stated deadlines.

Health Insurance: I understand that Honors Summer Academy strongly recommends that I have adequate health insurance for the time period of the program and it is my responsibility to ensure that I am adequately covered during the program. I understand that I may be required to pay a fee to utilize the health services at the University of Arizona.

Tuition and fees: I agree to pay tuition/fees in a timely manner and according to the deadlines of HSA and UA. I understand that failure to make full payment of all required fees will result in the cancellation of course registration. I understand that all financial obligations must be fulfilled prior to receiving transcripts from UA.

Transcripts: I assume responsibility to request official transcripts of the work attempted while at HSA be sent back to my high school and/or other institutions of higher education.

Personal Health and Safety: I understand that UA and HSA cannot guarantee my health and safety during the program. I am responsible for acting prudently and exercising caution and common sense at all times. I agree that UA and HSA are not responsible for any personal injury, death, and/or loss of property suffered by me during periods of travel with, and independent of, the HSA program.

Release of Information: By signing this form, I hereby give permission to the HSA Director to collect and release information appropriate to my application for, and my participation in, HSA, including: letters of recommendation, transcripts, report of conduct, and medical/counseling records. That information may be released between me/my school and HSA and among appropriate officials of UA. I further agree that HSA officials may disclose to my parents or legal guardians any information which may impact my mental health or physical well-being while in the HSA program.

Hold-Harmless: I understand that my participation in HSA is voluntary. I understand that HSA does not make any warranties of any kind, expressed or implied, regarding HSA program participation, including perceived quality of the experience or services rendered. I further understand that HSA assumes no responsibility and disclaims any liability for any injury, loss, damage, or expense (personal, academic, financial, or other) suffered by me by reason of my participation in this program.

Applicant’s signature: ______________________________ Date: __________

Approval (to be completed by Parent/Guardian):

I approve of this application and will permit my daughter/son ______________________________ to attend the Honors Summer Academy at the University of Arizona. If my daughter/son is accepted and enrolled, I agree to pay the program costs. I recognize that refunds can only be made according to the refund schedule in the catalog. I understand the necessity for his/her conformance to the Academic and Social Policies of Honors Summer Academy and of the University of Arizona and that failure to abide by these regulations may result in his/her dismissal.

Signature of parent/guardian: ______________________________ Date: __________

Parent/guardian printed name: ______________________________

Alternate, non-parent/guardian emergency contact: ______________________________

Phone # ( ) ___________________ Cell phone ( ) ___________________
Before you send your application, did you:

☐ Complete the UA Non-Degree seeking application (either web-based or paper)?
☐ Complete the Honors College web-based application?
☐ Include the signed applicant agreement form?
☐ Include the application fee of $60 (make checks payable to the University of Arizona)
☐ Include your teacher recommendation(s)
☐ Include your official transcript (must be stamped with school seal and in a sealed envelope)

☐ Yes ☐ No

I would like to apply for a scholarship. Scholarships are based on need and preference is given to Arizona residents. **Deadline for our receipt of your scholarship application is April 1, 2016.** Scholarship award amounts will be reduced to an amount not exceeding the cost of the program if student receives outside funding.
Honors Summer Academy Recommendation Form
(Current HS Juniors & Seniors should submit one recommendation, current HS Sophomores should submit two)

To the applicant

Submit this form to a teacher who knows you well, or to your school counselor. It should to be filled out and returned to you in a sealed envelope with the teacher’s or counselor’s signature across the seal. This form must accompany your application. Please print or type.

Applicant’s name __________________________________________________________________________________

Home address _____________________________________________________________________________________

Name of school ____________________________________________________________________________________

Name of teacher/counselor __________________________________________________________________________

Confidentiality Information

Student (please check one): I hereby ____ waive _____ do not waive my right of access, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Par. 1232g(aX1), to this letter of recommendation in regard to my application for Honors Summer Academy. I understand that this letter will be used by the University of Arizona’s Honors College in its procedure relative to admission to Honors Summer Academy.

Applicant’s signature: __________________________________________ Date: ______________

To the teacher or counselor

The student named above is applying to the University of Arizona’s Honors Summer Academy program. Due to the intensive nature of the University of Arizona’s undergraduate summer courses, it is necessary to select only those students who demonstrate the intellectual and social maturity required to meet the challenges of a demanding college and residential experience. Please be candid in your responses. This recommendation will be used only for Honors Summer Academy 2016 admission purposes and will not become part of the applicant’s educational record. Please type or print. Recommendations must be returned to the student in a sealed envelope with your signature across the seal. If you have any questions, please call 520 621-6901. Thank you for your cooperation.

What is your relationship to the applicant? ____ Teacher  ____ Counselor

How long have you known the applicant? ____________________________________________________________

In what capacity? ________________________________________________________________________________

How would you rank this student academically of her or his class?

_____ top 5%  ____ top 10%  ____ top 25%  ____ other
Please characterize the applicant’s working style:

- Thorough, often exceeding expectations
- Average, on par with others
- Disorganized, often careless and incomplete

Please explain: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

How does the applicant deal with the responsibilities and problems of a demanding environment?

- With a high degree of control and maturity
- With an average degree of control and maturity
- In a below average or immature fashion that indicates a lack of ability to cope

Please explain: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Note any behavioral or social reason why the applicant might have a difficulty in the program. If none, please state none; do not leave blank.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What is your overall recommendation?

☐ Strongest  ☐ Strong  ☐ Average  ☐ Recommend with reservation  ☐ Do not recommend

Additional comments (optional) ____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Teacher or Counselor signature: _____________________________ Date: ____________

Name (print) ________________________________________________

Phone: ________________________________

E-mail: ________________________________

School name: ____________________________

School address: ______________________________________________
Honors Summer Academy Scholarship Application Form

To be completed by Parent(s) or Guardian(s)

*Please read the following very carefully.*

- To be considered for a need-based scholarship, this application must be postmarked by April 15th, 2016
- A limited number of need-based scholarships are available.
- Awards are based on financial need.
- Awards may range from partial tuition or residence hall rent to full tuition (for six units) or residence hall rent.
- Scholarship awards do not cover the costs of textbooks, supplies, meals, misc. expenses, activity fees, or travel.
- Scholarship priority is given to Arizona residents
- **Social Security number needed to apply**

Applicant’s name ________________________________ Social Security #_______________________

Mother’s name and occupation ___________________________________________________________

Father’s name and occupation ___________________________________________________________

In order for your son or daughter to be considered for Honors Summer Academy scholarships, this form must be completed and postmarked by April 15th, 2016.

1. Using your completed 2015 Federal tax return, please write in the amount for **adjusted gross income**: (Include those of both parents if they file separately.) ___________________________

2. Using your completed 2015 Federal tax return, state the number of dependents in your household (**total number of exemptions**): ___________________________

3. List any additional income not shown on your 2015 Federal tax return. E.g. child support, alimony, social security, etc. ___________________________

4. If you expect your family income to be significantly different in 2016, or if your family did NOT file a Federal tax return for 2015, please give the estimated 2015 family income from all sources: ___________________________

5. Who is financially responsible for the applicant? (check one):

- [ ] Two parents (or parent, and a step-parent, or two guardians)
- [ ] One parent who is single, divorced, separated, or widowed.
- [ ] Other, please explain: _______________________________________________________

______________________________________________________________

______________________________________________________________
6. Are you (or the applicant) currently receiving Federal or State assistance? E.g. food stamps, social security, free & reduced lunch program, etc. (Please specify):

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

7. If you wish for us to consider any unusual family circumstances or other facts, please use the space below or attach a separate sheet:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I/We certify that the above information (including Federal tax return amounts) is correct and complete to the best of our knowledge.

Mother's/Guardian's signature: _____________________________ Date: ___________

Father's/Guardian's Signature: _____________________________ Date _________
You will not be permitted to enroll or drop classes without proof of immunity against Measles, Mumps and Rubella (MMR) on file with the UA Campus Health Service, Medical Records Department.

The University of Arizona policy requires the following from all incoming and transfer students:

- **Proof of two (2) MMR immunizations or a lab test that shows immunity to Measles (Rubeola), Mumps and Rubella.**
  - (Rubeola = Hard measles/10 day measles; Rubella = 3 day measles/German measles.)
  - The first vaccination is given at or after 1 year of age and the second is commonly given at or after 4-6 years of age. If your records do not reflect this immunization schedule, the two MMR vaccinations must be at least 28 days apart from each administrated date.
- **At least one of the MMR shots must have been given after 1979.**
- **The immunization requirement is waived if you were born before January 1, 1957.**

Due to periodic outbreaks of Measles and Mumps throughout the United States, we are requiring that all new incoming students have received two doses of the MMR (Measles, Mumps and Rubella) vaccine at some time in their life.

**WEB UPLOAD** (you can use your smartphone to take a picture of the record):

[www.health.arizona.edu](http://www.health.arizona.edu) > Travel & Immunizations > Upload Immunization Records

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You can check the status of your submitted documents by checking your Next Steps Center or UAccess Student. Also, you can view your immunization records on our website:

[www.health.arizona.edu](http://www.health.arizona.edu) > Patient Log In > Patient Link > Log in with UA NetID

Please have your health care provider complete and sign the form below or you may fill in your personal information and attach a copy of your vaccination or blood testing records.

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**NAME**

Last  | First  | M.I.  | Student I.D. Number

Phone (____)_____________ Email:_________________________ Date of Birth:____________________

<table>
<thead>
<tr>
<th>Date of MMR #1: Measles, Mumps, Rubella</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of MMR #2: Measles, Mumps, Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR

| Date of blood test (titer) proving immunity for Rubeola, Rubella and Mumps: |

**Optional Immunization Information**

Most recent Tetanus/Diphtheria or Tdap (with Pertussis)

**Other Recommended Immunizations:** Hepatitis B, Varicella (Chickenpox) and Meningococcal (meningitis) vaccines.

Health Provider’s Signature _______________________________ Date _______________________________