The Scholars Program

Application for Matriculated and Transfer Students
The Scholars Program at Brooklyn College

Through small classes, faculty mentoring, research and internship opportunities, and a vibrant, close community of students and alumni, The Scholars Program at Brooklyn College instills in students the values, skills, and knowledge to realize their academic, professional, and personal goals. Scholars is committed to the idea of a liberal arts education through which students think and learn across disciplines, freeing the mind to its fullest potential. The essence of such an education is not what you study but the result: gaining the ability to think critically and independently and to write, reason, and communicate clearly—the foundation for all professions.

Students in The Scholars Program major in an academic subject of their choice, take honors sections of Pathways courses, and earn honors credit for regular courses through independent study projects. They take a choice of interdisciplinary seminars created exclusively for Scholars students. They write a senior thesis based on a yearlong research project and, upon graduation, receive "Honors Academy Graduate" certification on their transcript and diploma. They have access to the Academy's computer facilities and priority registration, and are offered the chance to take part in community events including Theater Night excursions and common hour activities. They receive support from two Scholars Advisors who provide guidance in planning academic programs, pursing internships and study abroad opportunities, attaining scholarships, and clarifying graduate school and career goals.

Eligibility and Requirements

The Scholars Program welcomes applications from academically strong full-time matriculated or transfer students. NOTE: If you have 60 or more credits please contact the Honors Academy at LisaS@brooklyn.cuny.edu before applying.

How to Apply*

1. Fill out the application form on pages 3 and 4. Personal information on the form is confidential and will not be used as criteria for acceptance into the Scholars Program.

2. Write a personal statement in which you describe what you consider most interesting and important in your life, focusing on your accomplishments, career plans, and ambitions and how The Scholars Program can fit in with your plans. The statement should be no more than two pages typed (double spaced) and should include your name and student ID number at the top of each page. Please attach the statement to the application form.

3. Scan, download, or email a graded sample of your academic writing with comments, such as a paper written for a course to Dr. Lisa Schwebel at LisaS@brooklyn.cuny.edu.

4. Transfer students: please have a copy of your transcript emailed to: Dr. Lisa Schwebel at LisaS@brooklyn.cuny.edu.

5. Ask two faculty members at your college each to write a letter of recommendation. Recommendation forms are below. They can be emailed to LisaS@brooklyn.cuny.edu.

The application deadline is December 15th for spring semester and May 15th for fall semester.

Please return your application form with your personal statement and writing sample to:
Dr. Lisa Schwebel at LisaS@brooklyn.cuny.edu

*Students transferring to Brooklyn College must also complete the separate CUNY application.
The Scholars Program at Brooklyn College
Application Form for Matriculated and Transfer Students

Please submit this application form with your personal statement and writing sample to:
Dr. Lisa Schwebel at LisaS@brooklyn.cuny.edu.
Please print this PDF, type or print clearly to fill it out, and then scan a PDF or take a photo to submit it.
The application deadline is December 15th for spring and May 15th for fall.

Name_______________________________________________ Gender ____________________________

EMPL ID __________________ Home Phone ( ) ___________ Mobile Phone ( ) ____________

Address ______________________________________________________________________________

Email address ________________________________________________________________

Date of birth ______________________

Check the category that best describes you (optional):

_____ Asian or Pacific Islander       _____ Black, non-Hispanic       _____ Hispanic/Latino

_____ Native American/Alaskan Native _____ White, Non-Hispanic

_____ Other (please specify) __________________________________________________________

Courses you are taking this semester:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Overall GPA_______ Intended Major _________________________ Expected Graduation Date_____

Scholastic honors or distinctions you have received:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Extracurricular activities you are or have been involved with:

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

Do you have a job?  ____ Yes  ____ No   If yes, how many hours do you work per week?  ________________
If yes, what do you do (position, responsibilities)?  __________________________________________________________

How did you hear about the Scholars Program?
  ____ CAASS  ____ ENGL or other professor  ____ admissions  ____ friend/classmate
  ____ Other (please specify)  __________________________________________________________

Letters of Recommendation
Please ask your professors to email their letter directly to Dr. Lisa Schwebel at LisaS@brooklyn.cuny.edu.

Names and departments of faculty members writing letters of recommendation:

Name _______________________________________
Department___________________________________  School _________________________________

Name _______________________________________
Department___________________________________  School _________________________________

Certification
To the best of my knowledge, the information on this application is correct and complete.

Applicant’s Signature ___________________________  Date __________________
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Faculty Letter of Recommendation Form

**Applicant:** Please fill out the top part of this form and give it to your evaluator to include with your recommendation (one form for each evaluator)

Student's name __________________________________________________________

EMPL ID ______________________________

To the applicant: Please read the following statement carefully. Placing your signature below indicates that you are aware of the rights afforded you by the Federal Education Rights and Privacy Act of 1974, as amended, and do hereby waive your right to examine the contents of this letter, provided that it is used solely for the purpose for which it is requested.

IF YOU CHOOSE NOT TO WAIVE YOUR RIGHT DO NOT SIGN THIS WAIVER.

Signature____________________________________________________Date______________________

To the evaluator: Please include this form with a letter of recommendation written on your department or program letterhead and return it to Dr. Lisa Schwebel, Director of The Scholars Program, at LisaS@brooklyn.cuny.edu. If the student does not sign the waiver, the letter may not be confidential.

Evaluator’s Name ___________________________________________________________________________

Signature_________________________________________________________________________________

Department ________________________________ Date________________________
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Evaluator’s Name ______________________________________________________________

Signature____________________________________________________________________________Date____________________

Department __________________________________________________Date____________________