

TRiO

T A L E N T S E A R C H

APRIL 27 - APRIL 28 2016

Sponsored by the Brooklyn College Educational Talent Search Program



Application Now Available -- Speak to an ETS Counselor

- Application Deadline: March 25, 2016 - Early Submission Encouraged
- Selected students will be notified by March 31, 2014 via email
- Mandatory Orientation Sessions - Student & Parent attendance required
5:30PM April 8, 2016 (Friday) | 4:00PM April 22, 2016 (Friday)

**Visit www.brooklyn.cuny.edu/talentsearch
to download your application today!**



OVERNIGHT COLLEGE TOUR 2016 APPLICATION

APRIL 27, 2016 – APRIL 28, 2016

This year's annual Overnight College Tour will visit Union College, State University of New York (SUNY) Schenectady County Community College and Syracuse University. To be considered, complete all fields and aspects of this application.

Part I.

Name:

School:

Grade:

Student Email:

Student Cell Phone Number:

Parent/Guardian Name:

Parent/Guardian Email:

Parent/Guardian Phone Number:

Part II.

All applicants must respond to **two of three prompts** for your Personal Statements. Your statements will be evaluated based on presentation (double-spaced, size 12 font, Times New Roman), use of grammar, and how clear one articulates answers to the prompts. Find your voice and express your answers honestly.

Prompt #1: The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from the experience?

Prompt #2: Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.

Prompt #3: Reflect on a time when you challenged a belief or idea. What prompted you to act? Would you make the same decision again?

Part III.

Submit copies of your most recent **Report Card** and **Transcript** with the **application, recommendation** and **statements** by March 25, 2016.

Part IV.

Only one recommendation is required. The recommendation must come from a member of your school's faculty or staff (Principal, Teacher, or Counselor). Please have the recommender complete the below.

BCETSP OVERNIGHT COLLEGE TOUR 2016 RECOMMENDATION

I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.

Student Signature: _____ Date: _____

Complete the form and place it into an envelope. Please seal the envelope, sign it across the seal and give it to the applicant. Thank you!

Name: _____

Institution: _____ Position: _____

Telephone: _____ Email: _____

1. How would you compare the student to other students in his/her grade?

	Below Average	Average	Above Average	Outstanding
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability & Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the student, and in what capacity?

3. Do you think this student has sufficient maturity and integrity to follow the requirements of an overnight trip?

☐ Yes

☐ No

4. If there are known problems in this student's background or relationships which are likely to influence his/her behavior, we would like to know.

You can also submit this form via email. Upon request, we will email you an electronic copy. Please return the completed form to EducationalTS@brooklyn.cuny.edu.

Recommender's
Signature: _____

Date: _____