

# Pennsylvania Leadership Charter School University Scholars Program

1585 Paoli Pike  
West Chester, PA 19380  
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Phone: 610-344-0524  
Fax: 610-344-2898



## Application for Participation: 2019 - 2020 School Year

1. Participation Preference (please check one):

Cyber/Virtual

Cyber/Virtual/On-site

2. Student Information

In Process or Enrolled with PALCS

PALCS Registration Packet Enclosed

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female Grade Entering Fall 2019 \_\_\_\_\_

### 3. School District of Residence and Current School Information

District of Residence \_\_\_\_\_

Current School Information  District School  Charter School  Home School  Non-Public School

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 4. Parent/Guardian Information

Child lives with (check one)  Both Parents  Both Parents Alternately  Father Only  Mother Only  
 Legal Guardian  Foster Parents  Other Adult

Primary Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Day Time Contact Preference: Home  Cell  Work

Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Day Time Contact Preference: Home  Cell  Work

## 5. Background Information

What has been your child's previous experience with gifted programming?

Please write a short explanation of why you are interested in having your child admitted to the University Scholars Program.

Has your child participated in any of the following services? If yes, please provide a copy of the most recent report.

GIEP

IEP

504 Plan

## 6. Student Response

Please have your child review the University Scholars Program website and write a short description of why he/she would like to participate in the Program.

## 7. Please check all the classes your child has taken.

Math	<input type="checkbox"/> Pre-algebra <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra II <input type="checkbox"/> Trigonometry <input type="checkbox"/> Pre-Calculus <input type="checkbox"/> Calculus <input type="checkbox"/> AP Calculus AB <input type="checkbox"/> AP Calculus BC <input type="checkbox"/> AP Statistics <input type="checkbox"/> Linear Algebra
English	<input type="checkbox"/> American Literature <input type="checkbox"/> British Literature <input type="checkbox"/> World Literature <input type="checkbox"/> Comparative Literature <input type="checkbox"/> AP English Literature & Composition <input type="checkbox"/> AP English Language & Composition <input type="checkbox"/> Other _____
Science	<input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Earth Science <input type="checkbox"/> Environmental Science <input type="checkbox"/> Life Science <input type="checkbox"/> Physical Science <input type="checkbox"/> Physics <input type="checkbox"/> AP Biology <input type="checkbox"/> AP Chemistry <input type="checkbox"/> AP Environmental Science <input type="checkbox"/> AP Physics B <input type="checkbox"/> AP Physics C: Elec.& Magnetism <input type="checkbox"/> AP Physics C: Mechanics <input type="checkbox"/> Other _____
Social Studies	<input type="checkbox"/> Economics <input type="checkbox"/> European History <input type="checkbox"/> Psychology <input type="checkbox"/> Sociology <input type="checkbox"/> U.S. Government <input type="checkbox"/> U.S. History <input type="checkbox"/> World History <input type="checkbox"/> AP Comparative Government & Politics <input type="checkbox"/> AP European History <input type="checkbox"/> AP Human Geography <input type="checkbox"/> AP Macroeconomics <input type="checkbox"/> AP Microeconomics <input type="checkbox"/> AP Psychology <input type="checkbox"/> AP U.S. Government & Politics <input type="checkbox"/> AP U.S. History <input type="checkbox"/> AP World History <input type="checkbox"/> Other: _____
Technology	<input type="checkbox"/> C++ <input type="checkbox"/> CAD <input type="checkbox"/> JAVA <input type="checkbox"/> Gaming <input type="checkbox"/> HTML//Web Design <input type="checkbox"/> Computer Science AP Computer Science A <input type="checkbox"/> AP Computer Science Principles <input type="checkbox"/> Other: _____

List Foreign Languages studied.

Language	Years studied	Spoken at Home	Fluent in the Language
_____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 8. Describe your child

What do you see as your child's strengths?

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What are his/her challenges?

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What are your child's work habits and attitude about school?

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Has your child had any disciplinary actions at his/her current school?  No  Yes If yes, explain below.

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Has your child ever been suspended or expelled from school?  No  Yes If yes, explain below.

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Is your child an active member in any leadership, sports, or service organizations?

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**8. Describe your child (continued)**

Tell us about your child's hobbies and special interests.

What summer enrichment programs has your child participated in?

Is there anything else you would like us to know about your child or your family that would help us better understand your child's intellectual, socio-emotional, or academic needs?

**How did you hear about the University Scholars Program?** (check all that apply)

- Internet Search
- Information Session
- PA Leadership Charter School
- University Scholars student or family member \_\_\_\_\_
- Reputation
- Website \_\_\_\_\_
- Academic Competitions or Events
- Other (please specify) \_\_\_\_\_

Participation in the University Scholars Program is limited. Thank you for taking the time to complete this form.

**Send completed participation forms via mail, fax, or email:**

**How to contact the University Scholars Program**

**Mail to:** University Scholars Program  
Attn: Admissions  
1585 Paoli Pike  
West Chester, PA 19380

**E-mail to:** [universitiescholars@palcs.org](mailto:universitiescholars@palcs.org)

**Fax to:** 610-344-2898

Phone: 610-344-0524  
610-701-3333 x 1286  
E-mail: [universitiescholars@palcs.org](mailto:universitiescholars@palcs.org)

By signing below, it is acknowledged that all the information contained herein is true and accurate. In addition, we, the parents/guardians, and I, the applicant, freely and voluntarily waive the right to access any and all teacher recommendations submitted.

<b>Parent/Guardian Full Name</b>	_____
<b>Parent/Guardian Signature</b>	_____ <b>Date</b> _____
<b>Student Full Name</b>	_____
<b>Student Signature</b>	_____ <b>Date</b> _____