



## HIGH SCHOOL PREP PROGRAM APPLICATION

For students currently in 7th grade

### APPLICATION CHECKLIST:

Applications can be mailed, faxed, or dropped off to the address below.

- ☐ **Proof of Income\*** (Household income cannot exceed \$65,000).  
**\*Income must be included for all parents/guardians financially responsible for student**

**Acceptable Documents:**

W-2  
1040 tax return form  
paystubs (2 months)  
any benefit statement i.e. Social Security, Unemployment, etc.

- ☐ **Student's most recent report card**  
**Progress reports will not be accepted; must be student's report card.**

### *Admissions Timeline: November-April*

Applications will be reviewed from November-April. Decisions will be made by April 30th.

### *Program Overview*

High School Prep is a nationally recognized 14-month program that begins the summer after 7th grade, continues two nights a week and every Saturday during the 8th grade year, and concludes with a final summer session after the 8th grade. Students take rigorous subject matter in math, English language arts, social studies, science, and technology in preparation for entrance into college preparatory high schools. High School Prep students are bright, motivated, and determined:  
**It's All in the Prep!**

**Timeframe: 14 months**

**Location: University at Buffalo South Campus, 18 Acheson Annex**

**Semester 1 (summer after 7th grade) - 6 weeks, July-August**

**Semester 2 (8th grade year) - Tuesdays and Thursdays after-school and Saturdays**

**Semester 3 (summer after 8th grade) - 6 weeks, July-August**



High School Prep Program Application  
For students currently in 7th grade

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214  
(P) 716.829.3605 (F) 716.829.2735

Student's Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Number and Street Apt#

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

Contact Number: \_\_\_\_\_ ☐ Home ☐ Office ☐ Cell

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male ☐ Female ☐

Check all that apply to applicant:

- ☐ Black  
☐ Native American  
☐ Hispanic

- ☐ Asian  
☐ Other

If other, please list:

\_\_\_\_\_

Gross Family Income: \_\_\_\_\_

Language Spoken in Home: \_\_\_\_\_

Student First Language: \_\_\_\_\_

Parent/Guardian First Language: \_\_\_\_\_

\*\*Student Social Security #: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

*Previous School(s) your child has attended and years*

School	Grade	Date of Attendance

Did your child skip or repeat a grade?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does your child have an Individual Education Plan (IEP) and/or a 504 plan?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Additional Household Information

*Please list all school-age children in your household.*

Name	Grade	School

How did you hear about us? \_\_\_\_\_

Have you or your child participated in a Buffalo Prep program? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_

Student's parents are (check all that apply):

☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Mother Deceased ☐ Father Deceased

Student Lives with:

☐ Father ☐ Mother ☐ Guardian ☐ Father & Stepparent ☐ Mother & Stepparent

Single Parent Household

☐ Yes ☐ No

Parent/Guardian Name 1:

☐ Male ☐ Female

Relationship to student:

☐ Father ☐ Mother ☐ Guardian ☐ Stepparent ☐ Other: \_\_\_\_\_

Place of Birth:

Home Address:

(If different from student's)

Number and Street

Apt#

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

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Phone No. \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Parent/Guardian Name 2:

☐ Male ☐ Female

Relationship to student:

☐ Father ☐ Mother ☐ Guardian ☐ Stepparent ☐ Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address:

(If different from student's)

Number and Street

Apt#

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

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Contact Number: \_\_\_\_\_

☐ Home ☐ Office ☐ Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_



## High School Prep Program Application Testing Consent

### Testing Consent:

I hereby give permission for BUFFALO PREP to administer tests of academic ability and achievement, including group-administered tests and an individually administered intelligence test, as well paper-and-pencil questionnaires and short essays concerned with attitude to my child,

(Students Full Name) \_\_\_\_\_

*First*

*Middle*

*Last*

as part of the selection procedure for admission to BUFFALO PREP. I understand the result of tests will be used for no purpose other than the selection of BUFFALO PREP participants and, possibly, as supporting material for subsequent preparatory school applicants. I understand the results of these tests will be proprietary for Buffalo Prep's use only.

I also give my consent for BUFFALO PREP to request letters of recommendation from my child's present Math and English teachers and/or a response to a questionnaire concerning my child's study skills, motivation attendance and personality traits that may be relevant to a decision concerning my child's probable success at BUFFALO PREP. I also give my consent for such information to be requested orally from the teacher(s) should time not permit written materials being sought. I likewise give my consent for my child's teacher(s) to supply the aforementioned information, either in writing, orally or both.

I hereby declare that the consent herein granted is entirely voluntary on my part.

Parent/Guardian: \_\_\_\_\_

*Signature*

Date: \_\_\_\_\_

*Print*

### Transcript Request:

The Student named below is an applicant for admission to BUFFALO PREP. Copies of grades and scores on standardized tests are needed for evaluation.

University at Buffalo  
18 Acheson Annex  
Buffalo, New York 14214

Fax 716.829.2735

Dear Register:

**I AUTHORIZE THE RELEASE OF TRANSCRIPTS TO BUFFALO PREP.**

Student's Name: \_\_\_\_\_

*Print*

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

*Print*

Date: \_\_\_\_\_

*Signature*



### High School Prep Program Application Activity Consent

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214

(P) 716.829.3605 (F) 716.829.2735

#### Offsite Activity Consent:

I give my child permission to participate in all BUFFALO PREP activities on and off site.

Parent Name: \_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

#### Media Consent:

I give Buffalo Prep permission to photograph and videotape my child for promotional purposes including print media, television, and internet.

Parent Name: \_\_\_\_\_  
*Print*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_



**High School Prep Parent/Guardian Responses**

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214  
(P) 716.829.3605 (F) 716.829.2735

**Please answer the below questions:**

**Your application will not be considered if these questions are not answered.**

1) Buffalo Prep requires time, commitment, and dedication from its students and their families. Why do you and your student want to be a part of Buffalo Prep? How do you think this program could benefit your student?

2) What are your student's strengths (academic and non-academic)?



### High School Prep Teacher Recommendation Form—MATH

Student Name: \_\_\_\_\_

Please note that all recommendations are confidential. They will be reviewed by the Program Director and Admissions Team. They will not be shared with the student or his/her parents or guardians.

#### Academic and Personal Characteristics

Please use an X or check mark to note your evaluation of the candidate based on the following characteristics.

	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic potential					
Acceptance of constructive criticism					
Attitude					
Concern for others					
Conduct					
Confidence					
Cooperation					
Creativity					
Curiosity					
Effort					
Focus					
Independence					
Integrity					
Leadership					
Maturity					
Motivation					
Organization					
Participation					
Perseverance					
Responsibility					
Willingness to seek help					

Recommenders may answer the questions below in the space provided or in a letter of recommendation. We ask that all questions are answered thoroughly; please provide any relevant details or examples.

### **General Questions**

How long and in what capacity have you known the candidate?

What are the first three words that come to mind to describe the candidate?

Please describe the quality of the candidate's academic work, in regard to preparation (on a day-to-day basis), the timeliness of his/her work, and the effort and commitment demonstrated through his/her work.

Please tell us any additional information you think we should know about the candidate's academic performance, intellectual ability/potential, and personal qualities. You may also use this space to elaborate on any strengths and/or weaknesses demonstrated by the candidate.



**Math:**

Please discuss the candidate's basic mathematical skill level. Does he/she demonstrate any noteworthy strengths or weaknesses?

**Grade/Average:** \_\_\_\_\_

Thank you for your assessment of the candidate. We greatly appreciate your time and attention. Your participation is an essential part of our review and selection process.

May we contact you for additional information?      Yes                      No

**Name of Recommender:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send to: Buffalo Prep, ATTN Elizabeth Guzman, 18 Acheson Annex, University at Buffalo, Buffalo, NY, 14214 or [earodrig@buffalo.edu](mailto:earodrig@buffalo.edu) or by fax 716.829.2735.



### High School Prep Teacher Recommendation Form—ELA

**Student Name:** \_\_\_\_\_

Please note that all recommendations are confidential. They will be reviewed by the Program Director and Admissions Team. They will not be shared with the student or his/her parents or guardians.

#### Academic and Personal Characteristics

Please use an X or check mark to note your evaluation of the candidate based on the following characteristics.

	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic potential					
Acceptance of constructive criticism					
Attitude					
Concern for others					
Conduct					
Confidence					
Cooperation					
Creativity					
Curiosity					
Effort					
Focus					
Independence					
Integrity					
Leadership					
Maturity					
Motivation					
Organization					
Participation					
Perseverance					
Responsibility					
Willingness to seek help					

Recommenders may answer the questions below in the space provided or in a letter of recommendation. We ask that all questions are answered thoroughly; please provide any relevant details or examples.

**General Questions**

How long and in what capacity have you known the candidate?

What are the first three words that come to mind to describe the candidate?

Please describe the quality of the candidate's academic work, in regard to preparation (on a day-to-day basis), the timeliness of his/her work, and the effort and commitment demonstrated through his/her work.

Please tell us any additional information you think we should know about the candidate's academic performance, intellectual ability/potential, and personal qualities. You may also use this space to elaborate on any strengths and/or weaknesses demonstrated by the candidate.

**English:**

How accurately does the candidate comprehend what he/she has read? Please be specific about the candidate's strengths and/or weaknesses.

How well does the candidate write in comparison to his/her peers? Please be specific about the candidate's strengths and/or weaknesses.

**Grade/Average:**

Thank you for your assessment of the candidate. We greatly appreciate your time and attention. Your participation is an essential part of our review and selection process.

May we contact you for additional information?      Yes                      No

**Name of Recommender:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send to: Buffalo Prep, ATTN Elizabeth Guzman, 18 Acheson Annex, University at Buffalo, Buffalo, NY, 14214 or [earodrig@buffalo.edu](mailto:earodrig@buffalo.edu), or by fax 716.829.2735.