Cougar Junior Scholars Camp – 2011 Program Application
June 20th, 21st, and 22nd

Full Name: ________________________________________________________________

Street Address: _______________________________________________________________________________________

_____________________________________________________________________________________

City: ___________________________ State: ______ Zip: __________

Home Phone: ___________________________ E-mail: __________________________

Current Grade: ___ 7th ___ 8th

Current School: _______________________________________________________________________________________

School you anticipate attending next fall: ___________________________________________________________________

What is your favorite subject and why? ___________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What book have you read recently that was not assigned in school? _________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

List any academic clubs you are involved in: _________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

List any other extracurricular activities and hobbies: _____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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Teacher Letter of Recommendation Form

You may write on this form or type answers on a new sheet of paper. Please enclose form in a signed and sealed envelope and return to the student to be mailed with the rest of his or her application.

Recommender Name: ________________________________________________________________

Student Name: ________________________________________________________________

Classes student has taken with recommender: ______________________________________________

1) What do you consider to be this student’s greatest strengths?

2) Please describe a situation in which you have observed the student using critical thinking or innovative problem solving to overcome a challenge or master a new skill.

Please evaluate the student for the following traits on a scale of 1-5.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Ethic</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Leadership Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Perseverance</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ability to Work With Others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Reasoning Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Creativity</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Recommender Signature: ___________________________________________ Date: ____________
**Parent or Legal Guardian Information** (to mail acceptance decisions and forms)

Full Name: ________________________________________________________________

Street Address: ___________________________________________________________

________________________________________________________________________

City: ___________________________ State: _______ Zip: __________

Home Phone: __________________________

Alternate Phone: ______________________ (work) ______________________ (cell)

E-mail: __________________________

Parent/Guardian Signature: __________________________ Date: _______________

Applicant Signature: __________________________ Date: _______________

**DEADLINES AND FEES**

**APPLICATION DEADLINE MAY 9th**

We will begin accepting and evaluating applications in March 2011. To ensure full consideration, applications must be received by **May 16th**. Early applications are encouraged. **Acceptance decisions will be mailed the week of May 16th.**

**The cost of tuition is $200.** This fee includes lunches, activities, a camp t-shirt, and faculty instruction. Upon acceptance, please make $200 check/money order payable to the University of Houston no later than **May 30th.**

Mail completed application, including the teacher recommendation form, to:

**Dr. Christine LeVeaux-Haley**  
**Cougar Junior Scholars Camp**  
**The Honors College at the University of Houston**  
**212 MD Anderson Library**  
**Houston, TX 77204-2001**

For questions, please call Dr. LeVeaux-Haley at 713.743.2355, or Mallory Chesser at 713.743.3986.

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