



# Companion Scholars Program Summer 2022

## Application for Admission for Current 6<sup>th</sup> & 7<sup>th</sup> graders

Submit to: Companion Scholars Program  
ATTENTION: Jill Malik  
St. Xavier High School  
600 W. North Bend Road  
Cincinnati, Ohio 45224

Contacts: Mr. Wayne Miller, Program Director: 513-761-7815, ext. 525 or [wmiller@stxavier.org](mailto:wmiller@stxavier.org)  
Ms. Jill Malik, Program Coordinator: 513-761-7815, ext. 526 or [jmalik@stxavier.org](mailto:jmalik@stxavier.org)  
Ms. Jaleria Burt, Diversity Coordinator 513-761-7815 ext. 710 or [jburt@stxavier.org](mailto:jburt@stxavier.org)

Please tape  
a recent  
wallet-size photo  
of applicant here.

### **APPLICATION DEADLINE: Friday, April 1<sup>st</sup> 2022**

#### **DIRECTIONS:**

1. This application includes sections for both students and parents to complete.
2. **Parents:** Please sign the enclosed **Consent to Release Information** form and send it to your son's current school as soon as possible.
3. **Students:** Please give the enclosed **Teacher Recommendation forms** to 2 of your current academic teachers. You may send them with your completed application or request teachers to send them directly to St. Xavier.

#### **IMPORTANT DATES:**

1. Friday, April 1<sup>st</sup>, 2022: Deadline for applications
2. Saturday, May 7<sup>th</sup> or Saturday, May 21<sup>st</sup>, 2022: Mandatory orientation session (choose one to attend) for parents and students (if admitted)
3. Monday, June 6<sup>th</sup> -- Thursday, June 30<sup>th</sup>, 2022: Summer Program (if admitted)

#### **ADMISSIONS PROCESS:**

- All applications for admission to the Companion Scholars Program are reviewed by the CSP Director and Coordinator.
- Each part of the application, including the academic transcript, teacher recommendations, the application essay, and standardized testing will be considered before granting admission.
- Admissions will be made on a rolling basis until the program is full.
- Fluency in English for the student is required.
- The cost of the summer session is \$100.00. Financial assistance is available upon written request. No student will be denied admission to the CSP Summer Program solely for reasons of financial need.

**PLEASE CHECK THE APPROPRIATE BOXES:** Applicant's current grade:

☐ Sixth ☐ Seventh

(PLEASE PRINT OR TYPE)

\_\_\_\_\_  
*Applicant's last name* *First* *Middle* *Preferred first name*

\_\_\_\_\_  
*Address* *Telephone with Area Code*

\_\_\_\_\_  
*City/ State/ Zip* *Date of birth* *E-mail address*

\_\_\_\_\_  
*Current School* *City* *School Telephone* *Principal's Name*

\_\_\_\_\_  
*Religion* *Parish/ Church* *Pastor*

Race (optional): ☐ Alaskan Native or American Indian ☐ Asian ☐ Pacific Islander ☐ Black/ African American  
☐ White/ Caucasian ☐ Hispanic ☐ Multiracial ☐ Other \_\_\_\_\_

**STUDENTS, please fill out the following information:**

*What are some of your hobbies, interests, and talents? (Please answer in complete sentences.)*

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*How would you describe yourself to others? (Please answer in complete sentences.)*

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**PARENTS/GUARDIANS, please answer the following questions:**

1. *What are your son's strengths? What are his weaknesses?*

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2. *Why do you want your child to enroll in the Companion Scholars Program?*

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*Parents/Guardians: Describe any special circumstances that have affected the applicant's performance in school. (For example, illness or physical handicaps, particular learning difficulties, or frequent change of home or school.)*

**PARENT/FAMILY INFORMATION**

Applicant lives with: ☐Mother & Father ☐Mother ☐Mother & Stepfather ☐Father ☐Father & Stepmother  
☐Guardian ☐Relative ☐Other\_\_\_\_\_

**FATHER/STEPFATHER**

Please check: ☐Mr. ☐Dr. ☐Rev. ☐Rev. Mr. ☐Other\_\_\_\_\_  
☐Sr. ☐Jr. ☐III ☐M.D. ☐Ph.D. ☐D.D.S. ☐Other\_\_\_\_\_

_____	_____	_____	_____
<i>Last name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
_____		_____	
<i>Home Address</i>		<i>Email</i>	
_____		_____	
<i>City/ State/ Zip</i>		<i>Home Telephone with Area Code</i>	

**MOTHER/STEPMOTHER**

Please check: ☐Mrs. ☐Ms. ☐Dr. ☐Rev. ☐Other\_\_\_\_\_  
☐M.D. ☐Ph.D. ☐D.D.S. ☐R.N. ☐Other\_\_\_\_\_

_____	_____	_____	_____
<i>Last name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
_____		_____	
<i>Home Address</i>		<i>Email</i>	
_____		_____	
<i>City/ State/ Zip</i>		<i>Home Telephone with Area Code</i>	

**APPLICANT'S SIBLINGS**

<i>Last name</i>	<i>First</i>	<i>Age</i>	<i>School/College</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I understand misrepresentation of facts on this form may result in refusal of admission or cancellation of admission. By signing this form, I agree to abide by the policies and regulations of the Companion Scholars Program and St. Xavier High School.*

\_\_\_\_\_  
*Applicant Signature* *Date*

_____	_____	_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

**SUMMER SESSION AGREEMENT:**

*I understand that I am making a commitment to attend all Companion Scholars Program classes and activities. If I am accepted, my parents or I will not plan any other events or vacations during the dates and time of the Summer Session (Monday, June 6 – Thursday, June 30, 2022) that will prevent me from fully participating. I will attend the program every day and work to my highest potential in all classes and activities. I understand that disruptive and inappropriate behavior will not be tolerated. I will complete all assigned homework, maintain a positive attitude and an open mind throughout the summer session.*

\_\_\_\_\_  
*Applicant Signature* *Date*

**ESSAY – All Applicants**

(Please use only this page to respond. Minimum 200 words.)

*Describe a challenge that you have faced in your life and explain how you overcame that challenge.*