



Summer Program in Provence

APPLICATION FOR ADMISSION

STUDENT INFORMATION:

Student's Name: Last: _____ First: _____ Present Grade: _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Social Security # _____ Date of Birth: _____ Age as of June 2010: Years: _____ Months: _____

Parent(s) Home Phone: _____ Student Phone: _____

Student email: _____

Mother's Full Name: _____ Business Phone: _____

Mother's email: _____

Father's Full Name: _____ Business Phone: _____

Father's email: _____

Secondary/High School Name: _____

How did you learn about The Barat Foundation Summer Program? _____

TRAVEL/ACTIVITY PERMISSION: I hereby give (Student's Name) _____ permission to participate in all travel excursions and to take part in all other activities as scheduled by the Directors of the Barat Foundation Summer Study in Provence.

Date: _____ Signature of Parent or Guardian: _____

TRANSCRIPT RELEASE: I (Student's Name) _____ grant permission to my high school/guidance counselor to mail or fax my current school transcript to The Barat Foundation to complete my Application for Admission.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent or Guardian: _____

DEPOSIT INFORMATION: A \$1,100.00 payment (\$1,000.00 deposit plus a \$100.00 non-refundable application fee), payable to **The Barat Foundation** must accompany this completed application. If for some reason the application is refused, the full payment (including \$100 application fee) will be refunded. As the parent or guardian, I understand **The Barat Foundation** study and have discussed with my child that he/she will be required to follow all established rules including, but not limited to, a nightly curfew and no use of any drug (unless prescription) or alcohol. **The Barat Foundation** reserves the right to dismiss students, without refund, who are unable to abide by these rules. It will be the responsibility of the parent/guardian to pay for any additional airfare and expenses incurred if their child is dismissed from the study.

Date: _____ Signature of Parent or Guardian: _____

Date: _____ Signature of Student: _____

REMINDER: ENROLLMENT IS LIMITED and acceptance is reviewed on a rolling admissions basis. **WE RECOMMEND YOU APPLY EARLY!** You do not need to wait for your transcript or recommendation form, which can be mailed/faxed later.

PLEASE MAIL (OR FAX) TO: The Barat Foundation

Summer Program in Provence

121 Hawkins Place #222, Boonton, NJ 07005

www.baratfoundation.org

phone: 973-263-1013; fax : 973-402-5556 ; email: info@baratfoundation.org

The Barat Foundation is granted permission to use the names and photographs of study participants in publicity materials.



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TEACHER RECOMMENDATION PART II

- 1. I have known this student for _____years(s). Relationship to student: _____
2. Please complete the following assessment regarding the Intellectual ability, achievement, and character of the applicant:

Table with 7 columns: Category, Below Average, Average, Good, Excellent (Top 10%), Truly Outstanding (Top 2-3%), No Basis for Judgment. Rows include Academic Achievement, Self-Discipline, Creative Ability, Emotional Maturity, Self-Confidence, Concern for Others, Potential to Succeed.

- 4. The main factors contributing to the respect accorded the applicant seem to be: (please check)
___ Superiority in studies ___ Interest in and concern for others ___ Accomplishment in activities and interests
___ Leadership in activities ___ Success in athletics ___ General character
5. Has the student been involved in any disciplinary action in your school? ___ Yes ___ No
6. If the answer to number 5 is yes, please explain the nature of the disciplinary action (Please feel free to use back of form).
7. Additional Comments (Please feel free to use back of form):

Multiple horizontal lines for writing additional comments.

- 8. Overall recommendation: (please check)
___ I recommend this candidate without reservation as an excellent prospect for the program.
___ I recommend this candidate with reservation.
___ I feel this candidate is unsuited for the program at this time.

9. Preparer's Name: _____ Title: _____

Signature: _____ Date: _____ School Phone: _____