

Choate Rosemary Hall International Summer Programs

333 Christian Street
Wallingford, CT 06492-3800
(203) 697-2365
Fax (203) 697-2519
www.crhsummerabroad.org
www.choate.edu/international

2009 APPLICATION

Since the number of candidates for the International Programs (Paris, Spain and China) often exceeds the available places, *early applications are recommended*. To complete the application process, please submit the following:

1. **Application - Form A**

Include the \$60 non-refundable application fee. Checks should be made payable to *Choate Rosemary Hall* and must be in U.S. dollars and drawn on a U.S. bank. Be sure to indicate the program desired.

Note: To ensure confidentiality, the following two forms must be placed in an envelope, which should be sealed and signed across the sealed envelope flap by the author. All credentials should be sent to International Summer Programs, Choate Rosemary Hall, 333 Christian Street, Wallingford, CT 06492-3800.

2. **School Recommendation - Form B**

To be completed by your principal, head of school, adviser, or guidance counselor.

3. **Language Teacher Recommendation - Form C**

To be completed by your current language teacher.

4. **Transcript**

Forward a **current transcript** that shows at least one marking period of this academic year.

**Applications are considered only when files are complete.
Candidates are responsible for assuring the status of their files.**

Anne Armour
Summer Program in Paris
aarmour@choate.edu

Carol S. Chen-Lin
Summer Program in China
cchenlin@choate.edu

Nancy Burress
Summer Program in Spain
nburress@choate.edu

APPLICATION **A**

- Please type or print clearly and fill in all blanks.
- Check the program to which you are applying:

Summer in Paris
June 23 – July 28, 2009

Summer in Spain
June 21 – July 30, 2009

Summer in China
June 25 – July 30, 2009

- **Attach non-refundable application fee of \$60**
Checks must be in US Dollars and made payable to *Choate Rosemary Hall*.

Student's full name _____

Passport #: _____ Issue date: _____ [If you do not have one yet, you should apply for one ASAP.]
 Preferred name/usually called/nickname _____ Male Female

Current Grade Level (2008-09 school year) _____

Date of birth (month/day/year) _____ Home Phone () _____

Age as of June 1, 2009 _____ Home Fax () _____

Student's E-mail Address _____ Student's Cell Phone () _____

Mother's E-mail Address _____ Mother's Cell Phone () _____

Father's E-mail Address _____ Father's Cell Phone () _____

Applicant's Home/Permanent Address: _____ Applicant's Home Mailing Address, **if different** (i.e. PO Box #): _____

Applicant's Parents' Names _____
mother *father*

Applicant lives with parents mother father
 other (name & relationship): _____

• INFORMATION OF PERSON FINANCIALLY RESPONSIBLE FOR STUDENT:

Title _____ Name: _____
 (Mr. Mrs. Dr., etc.) *first* *last (family)* *Relationship to Student*

Home/Permanent Address: _____ Home Phone () _____
 _____ Cell Phone () _____
 _____ Business Phone () _____
 _____ Business Fax () _____
 _____ E-Mail _____

A

• ALL APPLICANTS:

Type of school: Current School Name and Mailing Address:

Public _____

Parochial _____

Private _____

Are you applying to the 2009-2010 academic year at Choate Rosemary Hall? Yes No

Does the applicant have any relatives who are graduates, current students, former Summer Programs students, or employees of Choate Rosemary Hall? If yes, give name(s), relationship to applicant and/or relationship to Choate Rosemary Hall. Yes No

How did you find out about our Choate's Summer Programs? Person: ___ Google : ___ Other Internet: ___
Mailing: ___ Other: _____

List other summer programs you have attended: _____

Please discuss in this space your interests, activities, honors, and experiences and indicate reasons why you wish to attend the program. (Attach separate sheet if necessary.)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

• APPLICANTS WHO ARE NOT UNITED STATES CITIZENS:

NAME as it appears on official documents (i.e. passport):

_____ *last (sur/family)* *first* *middle*

Country of Birth _____ Country of Citizenship _____

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School Recommendation **B**

- Please print or type.

- Summer in Paris
- Summer in Spain
- Summer in China

PLEASE ENCLOSE CURRENT TRANSCRIPT.

To be filled out by the guidance counselor, adviser, principal, or headmaster of the candidate's present school and returned to the applicant along with a current transcript. The applicant should provide an envelope for the counselor who should **enclose Form B and the current transcript**, sign across the sealed flap to ensure confidentiality, and return the envelope to the candidate. If home school policy requires that credentials be sent *directly* to the International Summer Programs Office, the applicant should provide a properly addressed stamped envelope.

(Applicant's Name) _____ has been a student here since
(mo/yr) _____ 20 ____, and will graduate in _____ 20 _____.

1. How many students are there in the student's entire grade? _____
2. If available, please give the candidate's rank in class. _____
3. The student is in what type of class or track? (*check one*)
 Honors Advanced Standard Level Classes are not sectioned

The Choate Rosemary Hall International Summer Programs are challenging academic programs for motivated students who devote more than four hours a day to class time and preparation. These programs attract strong students who have demonstrated the ability to succeed without prodding or supervision. Your candid evaluation of this candidate's attitude and promise of success in a demanding program as well as his or her ability and willingness to contribute to the cohesiveness of the group is greatly appreciated. Please use the space below to comment.

B

If we were to communicate by telephone, would you have additional comments to make that could significantly change the tone of this recommendation? Yes No

How would you rate the candidate? (check one)

1. *As a student?* Outstanding Excellent Above Average Average Below Average
2. *As a citizen?* Outstanding Excellent Above Average Average Below Average

How long have you known the applicant; in what relationship? _____

Type of school: Current School Name and Mailing Address:

- Public _____
- Parochial _____
- Private _____

School Phone () _____

School Fax () _____

Name (Please print) _____

Signature _____

Administrative Position _____

E-Mail Address _____

PLEASE ENCLOSE A CURRENT TRANSCRIPT.

Thank you for completing this form. Please enclose it with a current transcript in the envelope that you will seal and sign to ensure confidentiality. The student will mail the envelope.

Language Teacher Recommendation **C**

• Please print or type.

- Summer in Paris
- Summer in Spain
- Summer in China

To be filled out by the current foreign language teacher. The applicant should provide a small envelope for the teacher who should seal it, sign across the sealed flap to ensure confidentiality, and return it to the candidate. If home school policy requires that credentials be sent *directly* to the International Summer Programs Office, the applicant should provide a properly addressed stamped envelope

Student's Name _____
last (family) *first* *middle*

Teacher's Name _____

Teacher please check: The student is in what type of class:

- Honors Advanced Standard Level Classes are not sectioned

1. How many students are there in the student's entire grade? _____

2. If available, please give the candidate's rank in class. _____

3. The student is in what type of class or track? (*check one*)

- Honors Advanced Standard Level Classes are not sectioned

The Choate Rosemary Hall International Summer Programs are challenging academic programs for motivated students who devote more than four hours a day to class time and preparation. These programs attract strong students who have demonstrated the ability to succeed without prodding or supervision. Your candid evaluation of this candidate's attitude and promise of success in a demanding program as well as his or her ability and willingness to contribute to the cohesiveness of the group is greatly appreciated. Please use the space below to comment.

C

Please consider the candidate in relation to others in his or her age group and rate him or her in the categories listed below.

	10	HIGH		8	7	AVERAGE		4	3	LOW		1
1. Academic Potential												
2. Academic Achievement												
3. Written Expression												
4. Oral Expression												
5. Creativity												
6. Seriousness of purpose												
7. Industry & perseverance												
8. Ability to adjust												
9. Emotional stability												
10. Sense of humor												
11. Personal integrity												
12. Energy												
13. Concern for others												
14. Independence												

In comparison with other students you have known, how would you rate the candidate (check one)

as a student? | | | | | | | | | | | | | |

as a citizen? | | | | | | | | | | | | | |

If we were to communicate by telephone, would you have additional comments to make that could significantly change the tone of this recommendation? Yes No

How long have you known the applicant; in what relationship? _____

Type of school: Current School Name and Mailing Address:

Public _____

Parochial _____

Private _____

School Phone () _____

School Fax () _____

Name (Please print) _____

Signature _____

Administrative Position (and/or subject taught) _____

E-Mail Address _____

Thank you for completing this form.