

The University of Scranton
UNIVERSITY OF SUCCESS PROGRAM
Cover Sheet

Student Name:

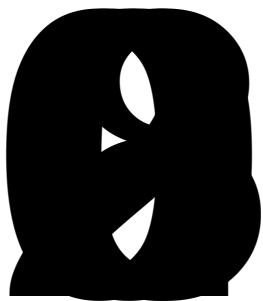
The University of Scranton
UNIVERSITY OF SUCCESS PROGRAM
Application

STUDENT ESSAY

In your own words, please write an essay about why you are applying to the University of Success Program. You can use the space below or a separate sheet of paper for your essay.



University of Scranton



University of Scranton
UNIVERSITY OF SUCCESS PROGRAM

PERMISSION FOR GRADE RELEASE

(A parent/guardian must sign this form)

I give permission for you to release grade reports and/or information regarding my child to the University of Scranton, University of Success Program for application purposes. If my child is accepted in the program I agree to give permission for you to release this information for continued academic purposes throughout his/her remaining junior high and senior high school years.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

NOTE TO GUIDANCE COUNSELOR:

**PLEASE ENCLOSE THIS FORM WITH THE STUDENT'S MOST
RECENT REPORT CARD
IN THE FILE OF THIS STUDENT.**



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(Please Print)

PARENT/GUARDIAN INFORMATION

(To be completed by a parent or guardian)

Mother/Guardian Name(s): _____

Address: _____

City, State, Zip: _____

E-mail _____

Home Phone No: _____ **Cell Phone No:** _____

Place of Employment: _____

Job Title: _____

What is the highest level of education you completed?

- ___ Elementary School (K grade)
- ___ Junior High (6-8th grade)
- ___ Senior High (9-12^h grade)
- ___ College (List degree/Major _____)
- ___ Other education/training _____

Father/Guardian Name(s): _____

Address: _____

City, State, Zip: _____

E-mail _____

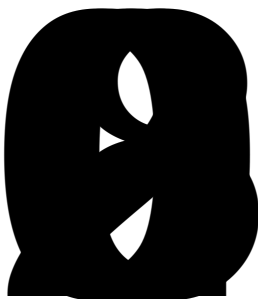
Home Phone No: _____ **Cell Phone No:** _____

Place of Employment: _____

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What is the highest level of education you completed?

- ___ Elementary School (K grade)
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- ___ Senior High (9-12^h grade)
- ___ College (List degree/Major _____)
- ___ Other education/training _____



Financial Information

List all income received during the 1/1/2 -12/31/2 year. You must determine the total gross income of all family members. *You may be asked to verify this information if your child is chosen for this program.*

| | |
|---------------------------------|----------|
| Yearly Salary, from work | \$ _____ |
| Pension | \$ _____ |
| Social Security Benefits | \$ _____ |
| Disability | \$ _____ |
| Public Assistance/Child Support | \$ _____ |
| Other _____ | \$ _____ |

How many individuals live in your household? _____

Has your son/daughter applied for or received any scholarships, grants or awards for high school.
If so, describe: _____

I understand that I am responsible for notifying the Success Program Director of any change in financial or academic status that occurs at any time while my son/daughter is enrolled in the program.

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. Inaccurate information will jeopardize the status of the application. Failure to report change in financial and/or academic status may jeopardize my child's continuation in the program.

Signature of Adult: _____ **Date** _____

Printed Name of Adult: _____



Application Deadline: April 1, 2024