

APPLICATION CHECKLIST

Application Form

- Personal Interview
- Standardized Test Results (ISEE, SSAT, HSPT, other)
- Parent Questionnaire
- Student Questionnaire
- Evaluation Forms
 - Principal or Guidance Counselor
 - Math Teacher
 - English Teacher
- Transcripts – Last Two Years
- Transcripts – Current Year
- School & Medical Information
- Family Financial Information



ADMISSION APPLICATION

This form is part of the application packet for SpringBoard USA Foundation. Carefully and legibly complete the Application Form, Parent Questionnaire, Student Questionnaire, and School and Medical Forms. To fill out the PDF version electronically, type answers into each field, save your filled out form as a new PDF, and email to info@springboardusa.org or print and mail to: **SpringBoard USA Foundation**, 1509 B Mart Drive, Little Rock, AR 72202. Print and forward Recommendations Forms, along with a self addressed stamped envelope, to your school's principal/guidance counselor, math teacher and English teacher.

Applicant Information

First Name	Middle Name	Family Name	Preferred or Nickname		
Home Address		City	State/Province	Country	Zip/Postal Code
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	Date of Birth (Mo/Day/Year)	Country of Birth	Country of Citizenship
Social Security Number (optional)		Email Address			
Home Telephone (include country, city and area codes)			Fax Number (include country, city, and area codes)		
					Resident Status: <input type="checkbox"/> Boarding
Month/Year of Proposed Entrance	Current Grade	Grade Applying For			

Parent/Guardian

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area code)			
Fax Number (include country, city, and area codes)		Email Address			

Parent/Guardian

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area code)			
Fax Number (include country, city, and area codes)		Email Address			



ADMISSION APPLICATION (continued)

Name of Student _____

Applicant lives with: Father Mother Both Other _____

Where should admission materials be sent? Father Mother Both Other _____

Where should bills be sent? Father Mother Both Other _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried Living Outside U.S.
 Mother Deceased Parents Separated Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

List any admission tests you have taken _____

First language, other than English, spoken in the home _____

Declaration of ethnicity (optional) _____

Information about brothers and sisters (use additional sheets if necessary)

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

Check one: Independent Private/Parochial Public

School Name _____ Dates of Attendance _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

Head or Counselor _____ Telephone _____ Fax Number _____

Other Schools Attended in the Past Three Years

School Name _____ City _____ State/Province _____ Dates of Attendance _____

School Name _____ City _____ State/Province _____ Dates of Attendance _____

Signature of Applicant (please sign this after it has been photocopied) _____ Date _____

Signature of Parent or Guardian (please sign this after it has been photocopied) _____ Date _____



PARENT QUESTIONNAIRE

Applicant's Name

Name Used

Grade Applying For

Please take time to thoroughly answer the following questions.

If you need additional space, please use another sheet of paper—remember to include as an electronic version (Word, PDF or scan) if emailing.

1. Why are you considering Springboard USA Foundation?
2. What are the applicant's greatest academic strengths?
3. What are the applicant's academic weaknesses?
4. In what activities or programs would you like to see the applicant participate in at boarding school?
5. What do you expect from boarding school?
6. Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate):
7. Describe the applicant's reaction to stress, such as that accompanying a move to a new situation (e.g., problems with eating, sleep, anger, sadness, increased energy, talkativeness, etc.):
8. Describe the applicant's learning style or the environment in which he/she learns best:



PARENT QUESTIONNAIRE (continued)

9. Are there any family circumstances that might affect the applicant's performance, and of which we should be aware? Yes No
If yes, please explain:

10. Please share information to help us understand the applicant's athletic or extracurricular interests, talents and team participation:

Other special talent and/or interest:

Please take time to thoroughly answer the following questions.

1. Springboard USA Foundation does not tolerate the use or possession of drugs (including alcohol) or drug-related paraphernalia and may dismiss a student for violation of this policy. Will you support this policy? Yes No
2. Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illness such as the flu? Yes No
3. Has the applicant ever been convicted of a criminal offense or are there such criminal charges pending against him or her at this time? Yes No

If you answered "No" to questions 1 or "Yes" to question 2 or 3, please explain:

Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application.

Custodial Parent's Signature

Date

Custodial Parent's Signature

Date

Legal Guardian's Signature

Date



STUDENT QUESTIONNAIRE

Applicant's Name

Please answer the following questions.

1. Why are you considering Springboard USA Foundation?

2. Describe a situation in which you had a difficult decision to make. What did you do, and how did you feel afterward?

3. In what area of school life do you see yourself having the most impact, and why?

4. What do you like to do in your free/spare time?

5. Describe the environment in which you best learn:



STUDENT QUESTIONNAIRE: ESSAY

ESSAY: Answer the following questions in an essay in the space below.

Who would you consider the most positive influence in your life?

Who would you consider the most negative influence in your life? What did you learn from each?

My signature below confirms that all information given in this application and related forms is correct to the best of my knowledge. I understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application.

Custodial Parent's Signature

Date



PRINCIPAL/HEAD/COUNSELOR RECOMMENDATION

This form is part of the application packet for SpringBoard USA Foundation. To fill out the PDF version electronically, type answers into each field, save your filled out form as a new PDF, and print a copy for or email to the requesting student.

Name of Student _____

How well do you know the student academically? _____ As a person? _____

Please submit these materials with this recommendation:

- Recent teacher reports, if any Final or mid-semester grades for current term (must be included)
 Standardized test scores Grades since 6th grade, if available (for younger children, grades for all years)
 A school profile, if available

In what month does your school year begin? _____ End? _____

School serves grades: _____ to _____. Number of students in entire school: _____.

Does your school use a block scheduling system? Yes No

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percentage of your students receive which grades? _____

Does your school rank? Yes No

Is your rank Approximate Exact How many students are in the entire grade? _____

This candidate ranks _____ out of _____ . _____ other students share this rank.

Are students placed in sections according to ability? Yes No If yes, please tell us in which level the applicant is placed for each subject.

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper and remember to include it as an electronic version (Word, PDF or scan) if emailing.



PRINCIPAL/HEAD/COUNSELOR RECOMMENDATION

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say no.

	One Of The Top Few I Have Ever Encountered	Excellent (Top 10% This Year)	Good (Above Average)	Average	Below Average	No Basis For Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Take Intellectual Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (Relative to Age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____

Date _____

Mailing Address _____

Email Address _____

Telephone _____



MATH TEACHER EVALUATION

Applicant's Name _____

To the Teacher: The student named above is a candidate for Springboard USA Foundation. The completion of this report is a part of Springboard USA's application process. Your candid and frank appraisal of this individual will allow us to make a more realistic evaluation. This form is confidential and will not become a part of the applicant's permanent file. To fill out the PDF version electronically, type answers into each field, save your filled out form as a new PDF, and print a copy for or email to the requesting student. If you need more space, please attach additional pages and remember to include them as a electronic versions (Word, PDF or scan) if emailing.

1. How long have you known this student and in what capacity? _____

2. Check subjects completed, below, and indicate current class level: _____

- Pre-Algebra
 Algebra I (Part I, Part II, All)
 Geometry
 Algebra II
 Advanced Algebra
 Pre-Calculus
 Calculus
 Other

If other, please specify _____

3. What is the student's current course level?
 Honors
 College Prep
 Regular
 Remedial

4. Describe this student's abilities in terms of problem solving and abstract concepts: _____

5. What do you consider to be this student's strengths and weaknesses, specifically as a math student? _____

6. What math course and level do you recommend this student take next year? _____

7. Please evaluate the student's ability and performance in the following areas:

	Excellent	Good	Average	Below Average	Poor
Motivation	<input type="checkbox"/>				
Effort	<input type="checkbox"/>				
Contributions to class discussion	<input type="checkbox"/>				
Reaction to criticism	<input type="checkbox"/>				
Capacity for leadership	<input type="checkbox"/>				
Study habits	<input type="checkbox"/>				
Influence on school activities	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				
Respect for others	<input type="checkbox"/>				
Ability to handle multiple tasks	<input type="checkbox"/>				
Timely completion of assignments	<input type="checkbox"/>				



MATH TEACHER EVALUATION

8. Describe this student's strengths, talents, or capabilities for leadership:

9. Do you know of any reason to doubt the integrity of this student? Yes No
If yes, please explain:

10. Would you want this student in your class again? Why or why not?

11. Expand or qualify your evaluation, if appropriate.

12. I recommend this student to Springboard USA Foundation: Enthusiastically Confidently Reservedly Not at all

Signature of Math Teacher

Date

Printed Name of Math Teacher

School Name

School Address

City

State

Zip

Phone



ENGLISH TEACHER EVALUATION

Applicant's Name _____

To the Teacher: The student named above is a candidate for Springboard USA Foundation. The completion of this report is a part of Springboard USA's application process. Your candid and frank appraisal of this individual will allow us to make a more realistic evaluation. This form is confidential and will not become a part of the applicant's permanent file. To fill out the PDF version electronically, type answers into each field, save your filled out form as a new PDF, and print a copy for or email to the requesting student. If you need more space, please attach additional pages and remember to include them as a electronic versions (Word, PDF or scan) if emailing.

1. How long have you known this student and in what capacity?

2. What texts and novels are you using this year in the student's class?

3. What is the student's current course level? Honors College Prep Regular Remedial

4. Describe this student's abilities in terms of thought development and reading comprehension:

5. What do you consider to be this student's strengths and weaknesses, specifically as an English student?

6. What English course and level do you recommend this student take next year?

7. Please evaluate the student's ability and performance in the following areas:

	Excellent	Good	Average	Below Average	Poor
Motivation	<input type="checkbox"/>				
Effort	<input type="checkbox"/>				
Contributions to class discussion	<input type="checkbox"/>				
Reaction to criticism	<input type="checkbox"/>				
Capacity for leadership	<input type="checkbox"/>				
Study habits	<input type="checkbox"/>				
Influence on school activities	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				
Respect for others	<input type="checkbox"/>				
Ability to handle multiple tasks	<input type="checkbox"/>				
Timely completion of assignments	<input type="checkbox"/>				



ENGLISH TEACHER EVALUATION

8. Describe this student's strengths, talents, or capabilities for leadership:

9. Do you know of any reason to doubt the integrity of this student? Yes No
If yes, please explain:

10. Would you want this student in your class again? Why or why not?

11. Expand or qualify your evaluation, if appropriate.

12. I recommend this student to Springboard USA Foundation: Enthusiastically Confidently Reservedly Not at all

Signature of English Teacher

Date

Printed Name of English Teacher

School Name

School Address

City

State

Zip

Phone



SCHOOL INFORMATION

Applicant's Name

Educational History Information

Applicant's Present School

Present Grade

School Street Address

City

State/Province

Zip/Postal Code

School Phone

School Fax

Years Attended

List all other schools attended over the past three years:

Has the applicant ever skipped a grade? Yes No Which grade? _____

Has the applicant ever repeated a grade? Yes No Which grade? _____

Does the applicant have an educational or psychological evaluation? Yes No Date of Evaluation: _____
 (Please submit the evaluation with the application or give the evaluator permission to release it to us.)

Has the applicant ever been tested or evaluated for suspected learning differences, ADD or ADHD, which the School may need to accommodate? If yes, please describe when the diagnosis was made, the nature of the diagnosis, and any reasonable accommodation you feel may be necessary for the applicant's success. Disclosing this information is confidential. If you choose not to disclose this information in the application process, appropriate support may not be available for your student.

Has the applicant ever received severe disciplinary censure at school or from the community? Yes No

School suspension? Yes No

Asked to withdraw by school? Yes No

Expelled? Yes No

Please share with us information about any significant discipline matters:



MEDICAL INFORMATION

Medical Information

Can the applicant participate in organized team sports? Yes No Student's Height: _____ Weight: _____

Has the applicant ever been admitted or recommended to a residential treatment facility or therapeutic program? Check one: Yes No

If yes, please explain and provide dates and contact information.

Has the applicant seen a counselor, therapist, psychologist, or psychiatrist? Yes No

If so, please describe the nature of counseling and current prognosis.

Is the applicant currently taking stimulants or any other prescribed medications? Yes No

If yes, please list and describe the purpose of the medication(s) and indicate whether the medication successfully controls and remedies the applicant's condition.

Has the applicant undergone any other medical treatment about which the school should be aware? Yes No

If yes, please give reasons and type of treatment.

Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application.

Custodial Parent's Signature

Date

Custodial Parent's Signature

Date

Legal Guardian's Signature

Date

Applicant's Signature

Date



RECORDS RELEASE FORM

Name of Student _____

Date _____

To: Registrar

Please send an official record of the above named student's following items:

1. Transcript
2. Standardized test scores
3. Most recent report card

To: Springboard USA Foundation
 1509-B Mart Drive
 Little Rock, Arkansas 72202

For the following year(s) attended: _____

 Signature of Parent/Guardian

 Address

 Daytime Telephone

Instructions to Parent:

Please deliver this form to the school which your son is currently attending or, if he is not currently in school, the school that he attended last year.

FAMILY FINANCIAL INFORMATION

Please provide the required financial information to SpringBoard USA:

- Photocopy of your signed federal tax return from current and previous year (IRS Form 1040 and all supporting documents)
- Photocopy of W-2(s) from current and previous year
- Other non-taxable income
- Child Support
- NOTE: If you are separated, divorced, or have never been married, the non-custodial parent must also submit federal tax returns and W-2(s)

Mail copies to:

SPRINGBOARD USA
1509-B Mart Drive
Little Rock, Arkansas 72202