

2008–2009 APPLICATION FOR ADMISSION-GLL

Online application available at www.ctd.northwestern.edu/learning/ School Application DOWNLOAD FORM WWW.CTD.NORTHWESTERN.EDU/LEARNING

Please select which program you are applying for: Gifted LearningLinks EPGY PAPER APPLICATION ONLY Financial aid request IF SO, PLEASE ENCLOSE A COMPLETED FINANCIAL AID APPLICATION FROM PAGES 31-32.

Applicant Information

Applicant's Name _____

Date of birth _____ FIRST 2008–2009 Grade Level _____ MIDDLE Gender Male Female LAST

Billing/Home Address _____
BOX/ROUTE OR NUMBER AND STREET

CITY Student's Home Phone () _____ STATE Fax () _____ ZIP Cell () _____ COUNTRY

Student's E-mail Address _____ Parent's E-mail _____
(FOR COURSE CORRESPONDENCE) (FOR ADMINISTRATIVE/ACCEPTANCE)

Race/Ethnicity (optional) African-American Asian/Pacific Islander Caucasian Hispanic Multiracial Native Alaskan/Native American Other

Contact Information

Parent/Guardian 1 Name Dr. Mrs. Ms. Mr. _____

Day Phone () _____ FIRST Evening Phone () _____ LAST

Cell Phone () _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian 2 Name Dr. Mrs. Ms. Mr. _____

Day Phone () _____ Evening Phone () _____ FIRST Cell Phone () _____ LAST E-mail _____

Occupation _____ Employer _____

Application Method See page 23, for descriptions. Prequalified Student New/Returning Student with new test scores Admission Portfolio

Course Choice(s) for Gifted LearningLinks Enrichment Courses for grades 3–8 Please indicate the courses for which you are applying.

If you are applying for multiple courses, they will be considered individually.

Course Number	Course Title	Session
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer

Course Choice(s) for Honors/AP Courses for grades 6–12 and for all EPGY Please indicate the courses for which you are applying. If you are applying for multiple courses, they will be considered individually.

Course Number	Course Title	Month/Year of Start up	9-Week Accelerated Summer Option*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

*See CTD Web site after March 1, 2009 for Honors/AP® 9-week Accelerated Summer Option courses available for June 2009. All 3-month enrichment courses are available with this option. Not available for EPGY.

School Information

Name of School _____ Is this a home school? Yes No

School Mailing Address _____
BOX/ROUTE OR NUMBER AND STREET

CITY School Phone () _____ STATE School Fax () _____ ZIP

Would you like a copy of your child's transcripts forwarded to school? Yes No

IF SO, PLEASE PROVIDE THE NAME AND TITLE OF THE SCHOOL OFFICIAL TO RECEIVE TRANSCRIPTS

Qualifying Criteria Please provide all available test scores. Be sure to include photocopies of score report forms.

Test Name	Test Date	Math	Verbal/Reading	English	Science Reasoning	Composite/Combined
EXPLORE						
SAT/PSAT						
ACT/PLAN						
OTHER (please specify test and give percentiles)						

continued on next page

