



Name of Applicant: _____

Last First MI

2017 Summer Academy

Academic Record Form

PLEASE PRINT OR TYPE

TO THE APPLICANT: Complete the top portion and give this form to your guidance counselor at school. After the adult has completed the remainder and returned the form to you in a sealed envelope, return the form with your application package no later than March 1, 2017. If necessary, the counselor may send this form and your transcript directly to us.

APPLICANT'S PERMISSION STATEMENT: I hereby freely grant permission for my academic record to be released by high school officials for confidential use by the Youth Theological Initiative of Emory University.

APPLICANT'S SIGNATURE _____ DATE _____

TO THE GUIDANCE COUNSELOR: The person named above is being considered for admission to the Summer Academy of the Youth Theological Initiative at Emory University. During this three-week residential program, intellectually talented and theologically curious teenagers and skilled adult teachers will explore Christian theology in an ecumenical and diverse context and imagine new possibilities for the public good. The intense nature of the YTI Summer Academy requires emotional stability and a well-integrated personality. Please make your comments both candid and substantively significant. You may attach additional pages if necessary. If you have any questions about the program, please contact Beth Corrie, director, at yti@emory.edu or 404-727-2917. Please return the completed form to the applicant in a sealed envelope, after signing the envelope across the seal. We appreciate your assistance. Please print or type.

- Please enclose with this form an official copy of the student's high school transcript, including grades for the Fall Term of 2016 and the student's most recent test scores (if available) for one or more of the following: PSAT, SAT, ACT.
Please return the form and transcript to the student in a sealed envelope. If school policy requires you to send this material directly to us, please mail it so that we receive it no later than March 1, 2017, to:

Youth Theological Initiative
1531 Dickey Drive
Candler School of Theology
Emory University
Atlanta, GA 30322

Counselor Name: _____ Phone: (____) _____

School Name: _____

School Address: _____
street address city, state, zip code

Student's rank in class (if available) _____ of _____ Grade point average: _____

Comments:

I certify that this student is a high school sophomore or junior in 2016-2017

Signature: _____ Date _____