



Name of Applicant: _____
Last First MI

2025 YTI 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.

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

APPLICANT'S SIGNATURE _____ DATE _____

TO THE GUIDANCE COUNSELOR: The person named above is being considered for admission to the YTI Summer Academy of Emory University. During this one-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 our program 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 Dr. Jill Weaver, Director, at jweaver@emory.edu or 404-727-4239. We appreciate your assistance. Please print or type.

- Please return to us by email (jweaver@emory.edu) a scanned copy of this form and the following:
 - an official copy of the student's high school transcript, including grades for the Fall Term of 2024
 - the student's most recent test scores (if available) for one or more of the following: PSAT, SAT, ACT.
- If you prefer, these materials may be mailed directly to us at the following address:

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:

Signature: _____ Date _____