

Student Signature: _



Buffalo State Say Yes Summer Program July 9th – August 10th 2018 9:00 a.m. – 2:00 p.m.

| 9:00 a.m. – 2:00 p.m. | | | | | |
|---|--------------------|---------|------|--|--|
| (Monday-Thursday) | | | | | |
| Last Name: | First Name: | Middle: | | | |
| Date of Birth | | | | | |
| Month | Day | | Year | | |
| Address: | City: | State: | Zip: | | |
| Cell Phone Number: | Home Phone Number: | | | | |
| Email: | | | | | |
| Name of High School: | | G | SPA: | | |
| Is English Your Primary Language: | | | | | |
| Are you English Proficient: | | | | | |
| How Did You Hear About The Buffalo State Summer Success Academy? | | | | | |
| Per | sonal Statement | | | | |
| (Briefly state why you want to attend the academy) | | | | | |
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| You can earn \$10.40/hour up to 20 hours per week through the Mayor's Summer Internship Program. You must apply | | | | | |
| for the Mayor's Internship program to be eligible (<u>www.city-buffalo.com</u>). Return your application to: | | | | | |
| Buffalo City Hall, Room 1701. Mayor Brown's Summer Youth Applications must be returned | | | | | |
| By Friday, April 27, 2018. | | | | | |
| *Buffalo State cannot accept the (Mayor's Internship Applications)* | | | | | |
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Buffalo State Say Yes Summer Success Academy

High School Counselor or Teacher Recommendation

| Student's Last Name: | First Name: | | M.I. | | | |
|--|---------------|-------------------------------------|-------------------|--|--|--|
| High School Name: | City: | | | | | |
| Guidance Counselor or Teacher's Name: | | | | | | |
| Title: | | Phone Number: | | | | |
| Counselor or Teacher Rating and Recomi | mendation | (To be completed by the H.S. teacl | her or counselor) | | | |
| Based on your personal knowledge of the student please review the following questions and rate the student on a scale of 1-4. (1-Never, 2-Sometimes, 3-Almost Always, 4-Always) *Higher ratings do not equate to admissions in to the program. The ratings will be used to gauge students' strength or areas in need of improvement. | | | | | | |
| | | Critical Thinking | | | | |
| Rating 1-4 | | | | | | |
| Is the student able to prioritize task in order of in | mportance | ? | | | | |
| Can the student identify, analyze, and evaluate or that of their peers? | arguments | as they occur in their own work | | | | |
| Can the student develop well-reasoned argumen | its? | | | | | |
| | Quantitat | ive Reason | | | | |
| Can the student interpret and draw inferences from mathematical models such as formulas, graphs, and tables? | | | | | | |
| Can the student represent mathematical information to solve problems? | | | | | | |
| Communication | | | | | | |
| Can the student research and produce a paper of in a clear and concise way? | | | | | | |
| Is the student able to express their opinion in a c | lear and co | oncise way? | | | | |
| Persistence | | | | | | |
| Is the student able to identify potential barriers and develop a plan to counteract it? | in their live | es that could impede their success | | | | |
| Additional comments about this candidate are e | ncouraged | : | | | | |
| The Buffalo State Summer Academy Application must be returned to: | | | | | | |
| Buffalo State | | | | | | |
| 1300 Elmwood Avenue | | | | | | |
| Buffalo, NY 14222 | | | | | | |
| Cleveland Hall Room 210 Attn: Stanley Simmons | | | | | | |
| By June 29, 2018 | | | | | | |
| Spac | e is Limited | l to 50 Students | | | | |

Date_____

Recommender's Signature_____