



**STUDENTS, please fill out the following information:**

**CO-CURRICULAR ACTIVITIES**

<i>Activities/Clubs/Athletics</i>	<i>Position/Awards</i>	<i>Check Years</i>		
		<i>Grade 5</i>	<i>Grade 6</i>	<i>Grade 7</i>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other than those listed above, what are some of your hobbies, interests, and talents? (Please answer in complete sentences.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*How would you describe yourself to others? (Please answer in complete sentences.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS/GUARDIANS, please answer the following questions:**

1. *What are your son's strengths? What are his weaknesses?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. *Why do you want your child to enroll in the Companion Scholars Program?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parents/Guardians: Describe any special circumstances that have affected the applicant's performance in school. (For example, illness or physical handicaps, particular learning difficulties, or frequent change of home or school.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/FAMILY INFORMATION**

Applicant lives with: Mother & Father Mother Mother & Stepfather Father Father & Stepmother  
Guardian Relative Other\_\_\_\_\_

**FATHER/STEPFATHER**

Please check: Mr. Dr. Rev. Rev. Mr. Other\_\_\_\_\_  
Sr. Jr. III M.D. Ph.D. D.D.S. Other\_\_\_\_\_

\_\_\_\_\_  
*Last name* *First* *Middle* *Preferred*  
 \_\_\_\_\_  
*Home Address* *Email*  
 \_\_\_\_\_  
*City/State/Zip* *Home Telephone with Area Code*

**MOTHER/STEPMOTHER**

Please check: Mrs. Ms. Dr. Rev. Other\_\_\_\_\_  
M.D. Ph.D. D.D.S. R.N. Other\_\_\_\_\_

\_\_\_\_\_  
*Last name* *First* *Middle* *Preferred*  
 \_\_\_\_\_  
*Home Address* *Email*  
 \_\_\_\_\_  
*City/State/Zip* *Home Telephone with Area Code*

**APPLICANT'S SIBLINGS**

<i>Last name</i>	<i>First</i>	<i>Age</i>	<i>School/College</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I understand misrepresentation of facts on this form may result in refusal of admission or cancellation of admission. By signing this form, I agree to abide by the policies and regulations of the Companion Scholars Program and St. Xavier High School.*

\_\_\_\_\_  
**Applicant Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date** **Parent/Guardian Signature** **Date**

**SUMMER SESSION AGREEMENT:**

*I understand that I am making a commitment to attend all Companion Scholars Program classes and activities. If I am accepted, my parents or I will not plan any other events or vacations during the dates and time of the Summer Session (Monday, June 4 – Thursday, June 28, 2018) that will prevent me from fully participating. I will attend the program every day and work to my highest potential in all classes and activities. I understand that disruptive and inappropriate behavior will not be tolerated. I will complete all assigned homework, maintain a positive attitude and an open mind throughout the summer session.*

\_\_\_\_\_  
**Applicant Signature** **Date**

**ESSAY – All Applicants**

(Please use only this page to respond. Minimum 200 words.)

*Describe a challenge that you have faced in your life and explain how you overcame that challenge.*