Yale Young African Scholars Program

SUMMER 2014 APPLICATION

The application deadline is: May 9, 2014

Applicant Full name: Gender:	11	BIRTH DATE:						
CITY/REGION/COUNTRY OF RESIDENCE: SECONDARY SCHOOL NAME:	: Grade Level:							
PERSONAL INFORMATION								
NAME:		Email:						
Phone NUMBER:	Permanent Addf							
Сіту:	Region:	Country:						
PRIMARY CITIZENSHIP:		DUAL CITIZENSHIP:						
Applicant grade level:								
ACADEMIC AREA OF INTEREST:								
SECONDARY SCHOOL NAME:		PHONE NUMBER:						
Сіту:	Region:	Country:						
Parent 1 full name:		Relationship:						
PHONE NUMBER:								
Сіту:	REGION:	COUNTRY:						
Is parent 1 living?		OCCUPATION:						
Level of education:								
Institutions attended:								
Parent 2 full name:								
Phone NUMBER :	STREET ADDI	RESS:	-					
Сіту:	REGION:	Country:						
Is parent 2 living?	QQ	OCCUPATION:	Q					
Level of education:								
INSTITUTIONS ATTENDED:								

BIRTH DATE:

Please list Academic awards /honors and dates received:

Please list extracurricular activities and a short description of each:

LANGUAGE SPOKEN: FLUENCY LEVEL (CHECK ONE): NATIVE FLUENT CONVERSATIONAL BEGINNER
1.
2.
3.
4.

ONE-PAGE ESSAY (MAXIMUM 500 WORDS):

Why do you want to be a Yale Young African Scholar? What would you contribute to the Yale Young African Scholars community? How will use the skills gained through this experience in your future?

BIRTH DATE:

SHORT-ANSWER QUESTIONS

1) Describe the environment in which you were raised – your family, home, neighborhood or community – and how it has influenced you.

2) WHAT MAKES YOU HAPPY? EXPLAIN.

3) DESCRIBE AN EXPERIENCE THAT HAS HAD A SIGNIFICANT IMPACT ON YOUR LIFE.

Do you have any school or other disciplinary violation(s)? Please explain:

CERTIFICATION

Applicant: By signing below, you declare that the essays you are submitting are your own work and that all the information in your application is, to the best of your knowledge, correct and honestly presented.

By signing below, you also declare that you have spoken with a parent or legal guardian about your application to the Yale Young African Scholars Program and that you have made your parent or legal guardian aware of all relevant aspects of the program, including dates and student responsibilities.

IF ACCEPTED TO THE PROGRAM, YOU ALSO AGREE TO ABIDE BY ALL FEDERAL, STATE, AND LOCAL LAWS AS WELL AS YALE UNIVERSITY AND YALE YOUNG AFRICAN SCHOLARS PROGRAM POLICIES INCLUDING, BUT NOT LIMITED TO, ADHERENCE TO MEETING TIMES, CURFEWS, AND CODES OF CONDUCT.

Any violations may result in immediate dismissal from the program and return transportation expenses will be at student's/parent's expense.

In place of your signature, please type your full legal name:

DATE SIGNED:

- My application document has been filled out completely
- My official transcript has been submitted
- My teacher has submitted an evaluation

Applications can be filled out on a computer and then sent as an attachment to african.scholars@yale.edu. Alternatively, applications can be printed out, completed in blue or black pen, and then faxed to +1 (203) 436-2395 or scanned and emailed as an attachment to african.scholars@yale.edu.

Your transcript can also either be faxed to +1 (203) 436-2395 or scanned and emailed as an attachment to african.scholars@yale.edu.

Your teacher may download the teacher's evaluation form his/herself on the YYAS website (www.globalscholars.yale.edu/africa), complete it on the computer, and then return it to us via email to african.scholars@yale.edu. If that is not possible, you should download the form for your teacher, print it, and ask him/her to fill it out and send it to us via fax on +1 (203) 436-2395 or as a scanned document to african.scholars@yale.edu.

Yale Young African Scholars Program

SUMMER 2014 STUDENT EVALUATION FORM TO BE COMPLETED BY TEACHER

Applicant Full name:						Birth Date:				
Gender:										
CITY/REGION/COUTRY O HIGH SCHOOL NAME:	F Resid	ENCE:				G	RADE LEV	DI •		
HIGH SCHOOL NAME.						U	KADE LEV	ЕЦ.		
The purpose of this form strengths and weaknesses. completed by the teacher a	Kindly	give as m	uch detail	as possib	le within t	he limit o	of the allot			
How long have you known										
In what capacity do you kn	now this	student?								
Please rate the student on	the follow	wing:								
	Poor				Averag	e			E	xcellent
	1	2	3	4	5	6	7	8	9	10
Leadership										
Punctuality/Attendance										
Creativity										
Academic achievement										
Maturity										
Concern for others										

Motivation

Self-confidence

English language ability

BIRTH DATE:

Please give an example of a time which this student exemplified leadership:

Please comment on any contribution this student has made to the school community (extracurricular involvment, academic achievement, etc.)

Are you aware of any disciplinary actions for violations taken against this student? Kindly explain if any.

Please use this space to provide any additional comments about the student

Teacher's signature
Teacher's name
Subject