TROY-STARTALK
Student Chinese Language Summer Program
Troy University, Alabama

特洛伊大学—星谈计划
学生汉语夏令营

Application Form

June 28–July 12, 2015
TROY-STARTALK Program

Through STARTALK, a federal initiative to increase the number of the United States citizens learning critical-need languages, high school students will be awarded full scholarships to study Chinese in Troy University in Summer 2015. The program runs from June 28 to July 12, 2015, as a Residential Program.

Students will learn communication skills through an interactive approach to language learning. They will also learn about Chinese culture in small classes of no more than 12 students each; only two classes will be offered.

Selection will be based on (1) prior academic performance, (2) recommendation from a teacher or counsellor and (3) written responses to the questions in the essay section of the application.

GENERAL INSTRUCTIONS—Prospective students applying for TROY-STARTALK program must submit the following by April 30, 2015, the application deadline date:

- TROY-STARTALK Application, signed by the student, parent/guardian, and school guidance counsellor (Please note: some items on the application have been pre-completed by the TROY-STARTALK Office)
- A $50 application deposit (refundable upon registration)
- Teacher/Counsellor recommendation
- Proof of current academic performance, i.e., transcript
- A completed essay (400 words maximum), on Why You Wanted to Learn Chinese

SUBMIT ALL DOCUMENTS TO:

TROY-STARTALK PROGRAM
026 Bibb Graves Hall, Troy University
Troy, AL 36082

IMPORTANT DATES:

April 30, 2015 . . . . STARTALK application deadline
May 7, 2015 . . . . Notification of acceptance
May 16, 2015 . . . . Orientation for accepted students (time and location TBA)
June 28, 2015 . . . . . Registration at the dorm
June 29, 2015 . . . . . Classes begin
July 11, 2015 . . . . . Graduation Ceremony
July 12, 2015 . . . . . Students leave for home

For further information please contact
TROY-STARTALK Office:
Ms. Tingting Xiong Tel: 334-808-6154 E-Mail: startalk@troy.edu
Application Form

1. NAME (Please print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
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</table>

2. CURRENT ADDRESS

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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3. PHONES

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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
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4. SOCIAL SECURITY NUMBER: ________________________________

5. BIRTHDATE: _____________________________

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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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6. RACIAL/ETHNIC CATEGORY

   Colleges and universities are asked by many, including federal and state governments and national surveys to describe the racial/ethnic backgrounds of our students and employees. Please answer both questions. Definitions of these terms are available online: [http://nces.ed.gov/ipeds/reic/definitions.asp](http://nces.ed.gov/ipeds/reic/definitions.asp)

   o Are you of Hispanic or Latino origin?   Yes ❏ ❏ No
   o What is your race? Select one or more of the following categories:   American Indian or Alaska Native ❏ ❏ Asian ❏ Black or African American ❏ Native Hawaiian or Other Pacific Islander ❏ White

7. GENDER: ❏ Male ❏ Female

8. EMAIL ADDRESS: ________________________________

9. ARE YOU A UNITED STATES CITIZEN?   Yes ❏ ❏ No

10. EMERGENCY CONTACT

<table>
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<th>Last Name</th>
<th>First Name</th>
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| Relationship to you (i.e. parent, guidance) |

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<th>Day Phone</th>
<th>Evening Phone</th>
<th>Cell Phone</th>
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11. STUDENT CONDUCT (PERC)

   Are you currently, or have you ever been, involved in a disciplinary process at another school or institution?   Yes ❏ ❏ No

12. T-SHIRT SIZE

   ❏ Small ❏ Medium ❏ Large ❏ Extra Large

Student Signature       Date (MM/DD/YY)       Parent/Guidance Signature       Date (MM/DD/YY)
This recommendation form needs to be completed by a teacher or a counsellor who can attest to your academic performance and/or personal attributes.

Student’s Name: ________________________________________________________________

Address: ____________________________________________________________________

Phone: ______________________________________________________________________

E-mail: ______________________________________________________________________

Teacher’s/Counsellor’s Name: ____________________________________________________

Subject Taught: __________________________________________________________________

School: ______________________________________________________________________

School Address: __________________________________________________________________

E-mail (optional): __________________________________________________________________

Please complete the assessment chart below:

<table>
<thead>
<tr>
<th>Feature</th>
<th>No basis to judge</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>One of the top few I have ever encountered</th>
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</thead>
<tbody>
<tr>
<td>Intellectual curiosity</td>
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<td>Creativity</td>
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<td>Expression of ideas (oral &amp; written)</td>
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<td>Academic achievement</td>
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<td>Leadership</td>
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<td>Participation in activities</td>
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<td>Adjustment to new situations</td>
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<td>Work consistent with ability</td>
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<td>Study habits</td>
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<tr>
<td>Initiative/follow through</td>
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RECOMMENDATION/EVALUATION (Please type or print.)

Please feel free to write what you think is important about the applicant, including a description of academic and personal characteristics. We are particularly interested in the candidate’s intellectual purpose, motivation, maturity, integrity, independence, originality, initiative, leadership potential, special talents and enthusiasm. We welcome any information that will assist us in distinguishing this student from others. (Use reverse side or attachment if necessary.)

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Teacher/ Counsellor Signature ____________________________ Print ___________ Date (MM/DD/YY) ____________________________