



**STUDENT APPLICANT QUESTIONNAIRE:**

**This questionnaire must be completed in the applicant's own handwriting**

Applicant  
Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Current Grade \_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the following questions to help us get to know you better. Use additional pages if necessary to complete your responses.

1. List the school activities in which you participate. Include any honors or awards you may have received such as captain of a team, club officer, role in a play, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On average, how much time do you spend on homework each day? \_\_\_\_\_

3. Have you ever had tutoring in any subject? \_\_\_\_\_ If yes, in what subject, how often, and for how long?  
\_\_\_\_\_

4. Do you sing in a chorus or play a musical instrument? \_\_\_\_\_ If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

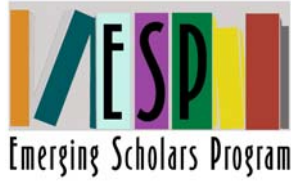
5. What sports do you enjoy playing? \_\_\_\_\_

6. What are your favorite hobbies? \_\_\_\_\_

7. Do you participate in any group activities or community service projects outside of school? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Who is the most important person in your life and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name two books you have recently read and enjoyed:  
\_\_\_\_\_  
\_\_\_\_\_



10. What subject comes most easily to you? \_\_\_\_\_

11. What is the hardest part of school for you? \_\_\_\_\_

12. Have you ever been suspended or expelled from school? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

13. Why would you like to be a part of ESP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What do you like best about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What do you like least about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What would you like to change about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you use a computer? \_\_\_\_\_ If yes, in what ways do you use the computer, i.e., school work, games, email, etc. \_\_\_\_\_  
\_\_\_\_\_

18. Do you have an e-mail address? \_\_\_\_\_ If yes, please write your e-mail address below:  
\_\_\_\_\_

Your signature below indicates that all information provided on this application is complete and factually correct. Your signature also attests to the fact that you wish your child to be considered for participation in Emerging Scholars Program (ESP) with no guarantee of final acceptance. It also authorizes ESP to request a copy of the applicant's academic report with the most recent grades and standardized test scores.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ESP 3320 Jermantown Road Oakton, VA 22124  
Phone: (703) 584-2307 Fax: (703) 584-2369

web: [www.emergingscholarsprogram.org](http://www.emergingscholarsprogram.org)  
E-Mail: [alecesne@flintheill.org](mailto:alecesne@flintheill.org)