



## **Lehigh Valley Summerbridge 2024 Student Application**

### **2024 SUMMER PROGRAM DATES**

**June 17—July 25**

**Off July 4-5**

**MON-FRI**

**9AM-3PM**

**Due date:**

**Varies by School**

Lehigh Valley Summerbridge

4313 Green Pond Rd.

Bethlehem, PA 18020

610-865-8072

[www.lvsummerbridge.org](http://www.lvsummerbridge.org)

[lvs@moravianacademy.org](mailto:lvs@moravianacademy.org)

## **Lehigh Valley Summerbridge Admissions Statement**

Lehigh Valley Summerbridge at Moravian Academy supports bright and motivated middle school students who aim to overcome limited educational opportunities.

Accepted students are enrolled in two six-week summer sessions (rising 7th, 8th grade summers) and two years of Summerbridge Saturdays. Upon successful completion of those two summers, rising 9th grade students are eligible to attend a third summer and school year.

### **Summerbridge Students:**

- Are rising 7th, 8th and 9th grade students (students must apply during their 6th grade school year).
- Are economically disadvantaged as defined by the Pennsylvania Department of Education's criteria for free and reduced lunch.
- Are academically focused students who plan to enroll in college preparatory classes in high school.
- Wish to pursue a college education.
- Are in good behavioral standing at their current/regular school.
- Although siblings are not automatically accepted, siblings who meet the requirements previously stated are given priority.

Students are primarily recruited from the following schools: Broughal Middle School, Harrison-Morton Middle School, Holy Infancy School, Northeast Middle School, Easton Middle School, and Raub Middle School.

## ***Questions about Applying to Lehigh Valley Summerbridge***

### ***Who should apply?***

Summerbridge is looking for young people with a sincere interest in learning more, becoming better students, making friends, taking risks, and exploring our world. The program is for students who want to enter a college preparatory high school program in ninth grade. Summerbridge is for low income families or families with an economic need. For more information please see our admission statement.

### ***How do I know when my file is complete?***

View the Summerbridge website, [www.lvsummerbridge.org](http://www.lvsummerbridge.org) for dates. After receiving your written application, we will call you if anything is missing. Then, it is up to you to complete your file. Only completed applications will be considered. If you have any questions, call the Summerbridge office at 610-865-8072.

### ***When do students find out if they are accepted into the program?***

Decision letters will be mailed in May 2024. We would like to accept every student into the program, but because we have a limited number of spaces, we cannot accept everyone who applies.

### ***Is transportation provided?***

YES- Transportation is provided to the summer program and limited transportation provided to the school year program.

### ***How long is the program?***

This summer, the program is from June 17 to July 25. We will break on July 4th and 5th for the holiday. Our daily schedule is from 9:00AM to 3:00PM, Monday through Friday.

### ***Is it expensive?***

The program is FREE to the students we accept. Foundations, corporations, and individuals fund Summerbridge.

### ***Any important advice?***

Remember that applying to Summerbridge is like being in a contest. All of the Summerbridge applicants are talented students; however, space is limited. You may or may not get accepted. Be proud of applying; it shows you are motivated. Write in pen, not in pencil. Do a rough draft so your writing is your best. Be yourself!!! We want to get to know who you are and what you think about school and the world around you.

**Keep This Page**

## **Lehigh Valley Summerbridge Program Information and Application Check List**

### **STUDENTS:**

We are delighted you are interested in the new challenges, fun experiences, and exciting opportunities offered by Lehigh Valley Summerbridge. Only completed applications will be considered. You may use this as a check-list to keep track of which parts of your file have been completed.

- \_\_\_\_\_ 1. GENERAL INFORMATION (2 pages)  
Please have your parent(s) or guardian(s) complete these forms.
- \_\_\_\_\_ 2. STUDENT STATEMENTS I-III (3 pages)  
Please complete these in your own handwriting. Be sure to write in pen, not in pencil. We suggest you do a rough draft on a separate sheet of paper first.
- \_\_\_\_\_ 3. TEACHER REFERENCE FORMS (2 pages)  
Give a form to two of your current academic teachers.  
Your teachers should give the completed form directly to your school office.

### **PARENTS:**

Your child has decided to apply to an exciting and challenging educational program. As your child completes the application, please take the time to note the following dates and discuss the commitment he/she is about to make.

#### **1. DATES OF PROGRAM**

The dates of the program are listed on the following page. Should your child be accepted into the program and decide to enroll, you would need to plan family events around these dates. Except in the case of illness, attendance is mandatory. If you see any possible conflicts, please discuss them with us prior to completing the application. You can reach us at 610-865-8072.

#### **2. QUESTIONS OR CONCERNS**

Many parents and students have specific questions about Summerbridge. After all, it is a lot of work to apply. Not all students who apply are accepted into the program. To answer your questions and concerns, you and your child are welcome to call the Summerbridge office at 610-865-8072 to make an appointment to meet with the Director.

#### **3. COMMITMENT TO PROGRAM**

A Summerbridge student over the course of three summers, will attend a six-week summer session. Attendance is mandatory, and approximately one hour of homework will be assigned each night. In addition, there are three years of Summerbridge Saturdays. **We encourage you to discuss this commitment with your child.**

**KEEP THIS PAGE**

**2024 General Information – To Be Completed by the Parent**

CHILD'S FULL NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_  
First Last

Relationship to Child \_\_\_\_\_

ADDRESS (if different than above)  
\_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ ETHNIC BACKGROUND \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_  
First Last

Relationship to Child \_\_\_\_\_

ADDRESS (if different than above)  
\_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ ETHNIC BACKGROUND \_\_\_\_\_

## General Information – To Be Completed by the Parent

WITH WHICH PARENT DOES THE CHILD LIVE? \_\_\_\_\_

IF APPLICANT DOES NOT LIVE WITH PARENTS, WHO IS THE LEGAL GUARDIAN?

NAME \_\_\_\_\_

First

Middle

Last

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OTHER ADULT LIVING WITH CHILD \_\_\_\_\_

First

Middle

Last

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD (I.E. STEPMOTHER/FATHER) \_\_\_\_\_

NAME AND LOCATION OF OTHER SCHOOLS YOUR CHILD HAS ATTENDED

1. School \_\_\_\_\_ City \_\_\_\_\_ Years attended \_\_\_\_\_

2. School \_\_\_\_\_ City \_\_\_\_\_ Years attended \_\_\_\_\_

3. School \_\_\_\_\_ City \_\_\_\_\_ Years attended \_\_\_\_\_

### **RELATIVES WHO WERE FORMER SUMMERBRIDGE STUDENTS:**

If anyone in your family attended Summerbridge, please list those names below

\_\_\_\_\_

Yearly family income \_\_\_\_\_

Is your child a potential first generation college student? \_\_\_\_\_

Is your child eligible for free or reduced lunch? \_\_\_\_\_

Languages spoken in the home? \_\_\_\_\_

How many members currently live in household? \_\_\_\_\_

Special Health Needs or Concerns \_\_\_\_\_

# Student Information – To Be Completed by the Student

## Agreement of Commitment

Summerbridge has a limited number of available spaces. **To be considered for Summerbridge, I agree to:** 1) attend for two summers 2) attend Summerbridge Saturdays during my 7th and 8th grade school years.

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Student Signature

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Parent Signature

1. Name the 2 teachers who are writing your references

a. Teacher 1 \_\_\_\_\_

b. Teacher 2 \_\_\_\_\_

2. How much time do you usually spend on homework each night? \_\_\_\_\_

3. Do you find your work at school (circle one):    too easy    too hard    about right

4. In your opinion, what are your very best qualities? \_\_\_\_\_

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5. What do you like to do in your free time? \_\_\_\_\_

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6. List the school activities and extracurricular activities you participate in:

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7. What do you want to be when you grow-up? \_\_\_\_\_

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8. Do you want to go to college? Why or why not? \_\_\_\_\_

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9. What do you like best about school? \_\_\_\_\_

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10. What do you like least about school? \_\_\_\_\_

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11. As a Summerbridger, what do you think would be the biggest challenge for you?

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## **Student Information – To Be Completed by the Student**

**Express yourself!** Use this page to tell us about yourself. Fill it up! Use your creativity. Put anything here: pictures, drawings, poetry, math equations, a rap, or anything else you can think of. We want to get a sense of who you are.

## TEACHER REFERENCE FORM 2024

The student listed below is applying to Lehigh Valley Summerbridge, a tuition-free, academic enrichment program hosted by Moravian Academy. For more information about Summerbridge, please visit our website at [www.lvsummerbridge.org](http://www.lvsummerbridge.org). If you have any questions regarding the program, please call Jarred Weaver, Director, at 610-865-8072. If you need more space, please feel free to use the back of this sheet. Please return this form to counselor or directly to Lehigh Valley Summerbridge, 4313 Green Pond Rd., Bethlehem, PA 18020 OR email to [lvs@moravianacademy.org](mailto:lvs@moravianacademy.org)

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Area(s) taught \_\_\_\_\_

Class Level Student is Enrolled in (i.e. below, on level, above) \_\_\_\_\_

Student's Approximate Grade in Your Course \_\_\_\_\_ Teacher's E-mail \_\_\_\_\_

### ACADEMIC QUALITIES

1. Please rate the student 1-3 on the following criteria:

(1 = below average; 2 = average; 3 = above average; nb = no basis for judgment)

- |   |                                     |
|---|-------------------------------------|
| a. Motivation _____                       | e. Critical thinking _____          |
| b. Communication skills _____             | f. Follow through/persistence _____ |
| c. Intellectual curiosity _____           | g. Homework Completion _____        |
| d. Ability to work well with others _____ | h. Respectful _____                 |

2. Is this student working toward his/her full potential in your class? Please note any challenges the student faces that might detract from his or her performance in your class.

3. Has this student demonstrated any behavior problems in or out of the classroom? Please explain.

4. Please feel free to share any additional comments:

I recommend this student: \_\_\_\_\_ with great enthusiasm      \_\_\_\_\_ with confidence  
   \_\_\_\_\_ with reservation                      \_\_\_\_\_ I do not recommend

