

Scattergood

FRIENDS SCHOOL

Application Checklist

Materials to be submitted directly to Scattergood by the student and parent/guardian:

- Student application
- Student essay
- Parent application
- Parental Disclosure Statement
- \$50 application fee

Materials to be submitted to Scattergood by others:

- English or Social Studies Teacher Recommendation
 - *To be filled out by your current English or Social Studies teacher and sent directly to Scattergood.*
- Mathematics Teacher Recommendation
 - *To be filled out by your current Math teacher and sent directly to Scattergood.*
- Personal Recommendation
 - *To be filled out by any adult of your choice (neighbor, coach, teacher, employer, etc.) and sent directly to Scattergood.*
- Transcript Request Form
 - *To be submitted to your current school Registrar. They should send a copy of any transcripts, evaluations, special education records, standardized test scores or disciplinary records in your file.*

Other requirements:

- Visit and/or Interview
 - *Please call the Admissions Office at 319-643-7628 to set up a visit and/or interview as soon as your materials have been submitted.*
 - *International students may be asked to participate in a phone interview at the discretion of the Admissions Committee.*
- TOFEL scores
 - *International students applying to Scattergood with the intention of earning a diploma in four years must submit TOFEL scores along with their application.*

Scattergood

FRIENDS SCHOOL

STUDENT APPLICATION FOR ADMISSION

Established in 1890 by Quakers, Scattergood Friends School is an accredited college preparatory boarding and day high school for approximately 60 students from all socioeconomic and religious backgrounds. The Scattergood environment provides its students with a foundation for higher education, dialogue to engage students in the discovery of conscience, practical work skills and unique out-of-classroom experiences to develop individual talents.

Name _____ Male ___ Female ___
First Middle Last

Home address _____
Street City, State, Zip

Telephone _____ E-mail _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Current Age _____

Current Grade (Circle One) 8 9 10 11 12

Grade *applying for* _____ Semester of enrollment: Fall, 20___ Winter, 20___

Status applying for: Boarding ___ 5-Day Boarding ___ Day ___

School

Current school _____

School Address _____ Telephone _____

City _____ State _____ Zip _____

Name of Principal or Guidance Counselor _____

Family

Parents or Guardians (please include step-parents)

Name(s) _____

Siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

8. Since its founding, Scattergood has sought to maintain a community free from alcohol, tobacco, and other potentially addictive substances. It must be clear that at Scattergood the possession or use of these substances, both on or off campus, is unacceptable. Failure to observe these rules will result in expulsion from the school. Are you committed to avoiding the use of alcohol, tobacco, and illegal drugs while you are a student? _____

9. What do you plan to do after high school?

10. What books have you enjoyed reading the most in the past year?

11. Briefly describe your family. How do you feel about living away from home?

12. Please discuss why you want to attend Scattergood.

13. What strengths do you bring to Scattergood? In what areas will you need improvement?

14. What can Scattergood offer you?

Your Signature _____

Please rate yourself on the chart below by circling the appropriate number:

EFFORT

Excellent 5 4 3 2 1 Insufficient

PERSISTENCE

Diligent 5 4 3 2 1 Insufficient

SELF-MOTIVATION

Strong 5 4 3 2 1 Insufficient

CREATIVITY

High 5 4 3 2 1 Low

COOPERATION WITH PEERS

Excellent 5 4 3 2 1 Poor

COOPERATION WITH ADULTS

Excellent 5 4 3 2 1 Poor

CONSIDERATION OF OTHERS

Excellent 5 4 3 2 1 Poor

GENERAL ATTITUDE

Positive 5 4 3 2 1 Negative

GENERAL DISPOSITION

Confident 5 4 3 2 1 Low Self-Esteem

PHYSICAL ENDURANCE

High 5 4 3 2 1 Low

EMOTIONAL STABILITY

High 5 4 3 2 1 Low

Student Writing Sample

Scattergood asks each applicant to submit a recent writing sample that reflects his or her ability to compose an essay or other form of written argument. Please choose one of the following topic options and complete a one-page essay on that topic. The essay may be handwritten or typed.

1. Discuss the advantages and disadvantages of your attending a boarding school like Scattergood. What criteria do you think will be most important in your decision-making process to attend Scattergood? Why?
2. Describe an event at your school in which the administration or school board felt they needed to take action. What reasons did the school give for taking the position it did? Do you agree or disagree with this decision? Support your view.
3. Choose an event or activity from your own life. Describe how that event or activity makes you feel. Describe where you were, who you were with, and what happened. How did (does) this event or activity shape who you are today? Has it changed the way you think or respond to life around you?

PARENT APPLICATION

Established in 1890 by Quakers, Scattergood Friends School is an accredited college preparatory boarding and day high school for approximately 60 students from all socioeconomic and religious backgrounds. The Scattergood environment provides its students with a foundation for higher education, dialogue to engage students in the discovery of conscience, practical work skills and unique out-of-classroom experiences to develop individual talents.

Name of Applicant: _____

PARENT*

PARENT*

Name: _____

Address: _____

Home Phone: _____

Occupation: _____

Employer: _____

Business Phone: _____

Fax Number: _____

E-mail: _____

**Please include step-parents*

Check if appropriate:

Mother deceased____ Father deceased____ Parents separated____ Parents divorced____

❖ How did you first learn of Scattergood Friends School? (Please indicate whether by newspaper or magazine article, Quaker Meeting or specific person. Please list name of referral). _____

❖ Is the applicant Quaker or the child of an alumnus (please specify)?

Please attach a non-refundable \$50.00 check made payable to Scattergood Friends School.

Financial Aid Information Requested? Yes____ No____

1. Please describe your son/daughter's academic interest and abilities:

2. Describe your son/daughter's primary attributes:

Areas needing improvement:

3. Explain any other factors, including the applicant's schooling, which have affected his/her life.

4. How does the applicant respond to family members, peers and adult figures?

5. Does your son/daughter have any learning differences that you know of? If yes, has any testing been done or diagnosis been made? Please explain.

Please rate your son/daughter on the chart below by circling the appropriate number

EFFORT

Excellent 5 4 3 2 1 Insufficient

PERSISTENCE

Diligent 5 4 3 2 1 Insufficient

SELF-MOTIVATION

Strong 5 4 3 2 1 Insufficient

CREATIVITY

High 5 4 3 2 1 Low

COOPERATION WITH PEERS

Excellent 5 4 3 2 1 Poor

COOPERATION WITH ADULTS

Excellent 5 4 3 2 1 Poor

CONSIDERATION OF OTHERS

Excellent 5 4 3 2 1 Poor

GENERAL ATTITUDE

Positive 5 4 3 2 1 Negative

GENERAL DISPOSITION

Confident 5 4 3 2 1 Low Self-Esteem

PHYSICAL ENDURANCE

High 5 4 3 2 1 Low

EMOTIONAL STABILITY

High 5 4 3 2 1 Low

SCATTERGOOD FRIENDS SCHOOL
Parent/Guardian Disclosure Statement

Our application process is intended to help us understand and get to know prospective students. Building a sound, healthy community depends upon the school's ability to have full knowledge of the needs of each student before he or she enrolls. Experience has shown us that students who have well-established patterns of inappropriate behavior, or who bring with them unresolved emotional problems beyond those characteristic of normal adolescents, are less likely to adjust successfully to life at Scattergood and may prove disruptive to the school community.

We trust that you understand our need to address these issues in a forthright manner. We will appreciate your completion and return of the following disclosure statement. The information you provide on this form will be kept confidential and will be seen only by the Admissions Committee, your child's advisor and the Director. Information will only be disclosed to other school staff members if it is deemed necessary for the care and education of your child. Please feel free to explain or expand upon any answer on a separate sheet.

-
- | | | |
|---|---|---|
| 1. Has your child ever participated in counseling or therapy for any reason? | Y | N |
| 2. Have you ever thought or been told that your child was depressed? | Y | N |
| 3. To the best of your knowledge, has your child ever tried
or used the following substances? (please indicate which ones) | Y | N |
| _____ tobacco products | | |
| _____ alcohol | | |
| _____ marijuana | | |
| _____ other substances | | |
| 4. Was substance abuse counseling, evaluation or treatment ever recommended? | Y | N |
| 5. Has your child ever received a psychiatric diagnosis? | Y | N |
| 6. Has your child been formally diagnosed with ADD, ADHD,
or other learning disabilities? | Y | N |
| 7. Has your child ever threatened or attempted suicide? If so, when? | Y | N |
| 8. Has your child been involved in any legal difficulty? Please explain. | Y | N |
| 9. Has your child had difficulty managing anger? | Y | N |
| 10. Has your child ever been asked to leave or not to return to a previous school? | Y | N |
| 11. Is your child currently taking medication to assist with behavior,
concentration, or emotional issues? | Y | N |
| Has such medication ever been prescribed in the past? (If so, please list and explain.) | Y | N |

(over)

Is there anything else that we should know about your child's behavior or life experiences? (i.e., history of shyness, social difficulty, eating disorders, self-injury like cutting, etc.)

Please explain in detail any "yes" responses to the preceding questions. Feel free to use a separate sheet of paper.

"The information I/we have provided regarding _____ (name of child) is correct and complete to the best of my/our knowledge. I/we understand that if the information proves at any time to be incorrect or incomplete, my/our child's admission to Scattergood Friends School may be reconsidered by the Director, possibly resulting in his/her dismissal from Scattergood."

Parent or
Guardian _____ Date _____

Parent or
Guardian _____ Date _____

RELEASE OF STUDENT ACADEMIC INFORMATION

Parent /Guardian: Complete the top box and submit form to the school the applicant most recently attended.

PARENT/GUARDIAN

I authorize _____ to release to **Scattergood Friends School**
Name of School
any transcripts, evaluations, special education records, standardized test scores or
disciplinary records relating to _____ for admission
Name of Student
application purposes.

I authorize release of other confidential information to Scattergood Friends School
officials upon their request by letter or telephone.

Signature of Parent/Legal Guardian

Date

Address

City, State, Zip

SCHOOL OFFICIAL

Please send all transcripts, special education records, standardized tests scores or disciplinary records pertaining to the above mentioned student to:

**Admissions Committee
Scattergood Friends School
1951 Delta Avenue
West Branch, IA 52358**

Scattergood

FRIENDS SCHOOL

Math Teacher Recommendation

_____ has filed an application for admission to Scattergood Friends High School. Your honest assessment of this student's character and academic abilities would be greatly appreciated. All of the information you provide will be confidential. We thank you for your time and cooperation.

Scattergood Friends School is an accredited college preparatory boarding and day school for approximately 60 students from all socioeconomic and religious backgrounds. The Scattergood environment provides students with a foundation for higher education, dialogue to engage students in the discovery of conscience, practical work skills and unique out-of-classroom experiences to develop individual talent.

How well do you know this applicant academically? Personally?

Please rate the applicant on the following items in relation to other members of their class:

Academic Ability	Top 10%	Above Average	Average	Fair	Poor	No basis for comparison
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to think and work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Abilities	Top 10%	Above Average	Average	Fair	Poor	No basis for comparison
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe the applicant's current math class:

Which math course would be most appropriate for the applicant next year?

Please comment on the applicant's abilities in the following areas.

Primary strengths and weaknesses:

Study skills (organization, homework and test preparation, time management, concentration):

Academic potential versus achievement level:

Overall personality (individuality, sense of humor, friendliness, etc.):

Any areas from the checklists that may need further elaboration:

Any further comments that the Admissions Committee should take into account:

Thank you again for your time. Your feedback is an important part of the admissions process and is appreciated. If you have any questions or comments, please feel free to contact the Director of Admissions at 319-643-7628 or toll-free at 888-737-4636.

signature

date

Name _____

Address _____

Please comment on the applicant's abilities in the following areas.

Primary strengths and weaknesses:

Study skills (organization, homework and test preparation, time management, concentration):

Academic potential versus achievement level:

Overall personality (individuality, sense of humor, friendliness, etc.):

Any areas from the checklists that may need further elaboration:

Any further comments that the Admissions Committee should take into account:

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signature

date

Name _____

Address _____

Scattergood

FRIENDS SCHOOL

Personal Recommendation

_____ has filed an application for admission to Scattergood Friends High School. Your honest assessment of this student's character and academic abilities would be greatly appreciated. All of the information you provide will be confidential. We thank you for your time and cooperation.

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How long and in what context do you know the applicant?

Please list 3 words that you feel best describe the applicant:

Please rate the applicant on the following items in relation to his/her peers:

Personal Attributes	Outstanding	Good	Average	Fair	Poor	No basis for comparison
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to elaborate upon any of the attributes listed above:

What do you consider to be the applicant's primary strengths and weaknesses?

How might these affect his/her performance at a boarding school like Scattergood?

Please comment on the following.

Applicant's character (integrity, responsibility, concern for others, leadership ability, etc.):

Applicant's dependability and commitment to a task or activity (household chores, extracurriculars, job, etc.):

Applicant's overall personality (individuality, sense of humor, friendliness, etc.):

Any further comments that the Admissions Committee should take into account:

Thank you again for your time. Your feedback is an important part of the admissions process and is appreciated. If you have any questions or comments, please feel free to contact the Director of Admissions at 319-643-7628 or toll-free at 888-737-4636.

signature

date

Name _____

Address _____
