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The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Cover Sheet

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Student Name: *(please, print)* _____

To qualify for admission to the University of Success, applicants must be public school students in the **eighth grade** who have the potential to pursue higher education and who meet the criteria listed below:

- The student is a potential first generation college student in his/her family.
- The student's family is economically disadvantaged.

Since the University of Success is funded almost entirely by corporate and foundation grants, there is *no charge* to students and their families.

Application Checklist:

_____ Student Information Form

_____ Student Picture

_____ Parent/Guardian Information Form

_____ Student Essay

_____ Letter of Recommendation

_____ Permission for Grade Release **AND** a copy of your most recent grade report

The student must complete the Student Information form and write an essay about why she/he wants to attend the program. A Parent/Guardian of the student must complete and *sign* the Parent/Guardian Information form, as well as the Permission for Grade Release form. A letter of recommendation from an adult who can attest to the student's character is required. A picture must be included for the files at The University of Scranton.

Return all documents along with this Cover Sheet to:

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Margaret Loughney
Weiss Hall, 214
University of Success Application
University of Scranton
Scranton, PA 18510
margaret.loughney@scranton.edu

Application Deadline: April 1, 2026

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Date Received _____

020208

The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Application

(Please Print)

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Gender: ___ Male ___ Female

Student lives with:

___ Both Parents ___ Mother ___ Father ___ Other (specify) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Email address: _____

School you are presently attending: _____

Current Grade: _____ Guidance Counselor Name: _____

High School you will attend: _____

Application Deadline: April 1, 2026

020208

The University of Scranton

UNIVERSITY OF SUCCESS PROGRAM

Application

(Please Print)

PARENT/GUARDIAN INFORMATION
(To be completed by a parent or guardian)

Mother/Guardian Name(s): _____

Address: _____

City, State, Zip: _____

E-mail _____

Home Phone No: _____   **Cell Phone No:** _____

Place of Employment: _____

Job Title: _____

What is the highest level of education you completed?

      ___ Elementary School (K grade)

      ___ Junior High (6-8th grade)

      ___ Senior High (9-12h grade)

      ___ College (List degree/Major_____)

      ___ Other education/training _____

Father/Guardian Name(s): _____

Address: _____

City, State, Zip: _____

E-mail _____

Home Phone No: _____   **Cell Phone No:** _____

Place of Employment: _____

Job Title: _____

What is the highest level of education you completed?

      ___ Elementary School (K grade)

      ___ Junior High (6-8th grade)

      ___ Senior High (9-12h grade)

      ___ College (List degree/Major_____)

      ___ Other education/training _____

Financial Information

List all income received during the 1/1/25-12/31/25 year. You must determine the total gross income of all family members. *You may be asked to verify this information if your child is chosen for this program.*

Yearly Salary, from work	$_____
Pension	$_____
Social Security Benefits	$_____
Disability	$_____
Public Assistance/Child Support	$_____
Other_____	$_____

How many individuals live in your household? _____

Has your son/daughter applied for or received any scholarships, grants or awards for high school.

If so, describe: _____

_____

  I understand that I am responsible for notifying the Success Program Director of any change in financial or academic status that occurs at any time while my son/daughter is enrolled in the program.

  PENALTIES FOR MISREPRESENATION: I certify that all the above information is true and correct and that all income is reported. Inaccurate information will jeopardize the status of the application. Failure to report change in financial and/or academic status may jeopardize my child's continuation in the program.

Signature of Adult: _____   **Date**_____

Printed Name of Adult: _____

Application Deadline: April 1, 2026

UNIVERSITY OF SUCCESS PROGRAM

Application

STUDENT ESSAY

In your own words, please write an essay about why you are applying to the University of Success Program. You can use the space below or a separate sheet of paper for your essay.

Application Deadline: April 1, 2026

University of Scranton
UNIVERSITY OF SUCCESS PROGRAM

Letter of Recommendation

Please ask a Teacher, Guidance Counselor, Clergy, or community leader who knows you well to submit a letter of recommendation on your behalf. Letters of Recommendation written by relatives are **not** acceptable.

The letter should state how long the person has known you and in what capacity. It should include the reasons why the person thinks that you should be accepted into the program. Please attach the letter to the application.

Application Deadline: April 1, 2026

University of Scranton
UNIVERSITY OF SUCCESS PROGRAM

PERMISSION FOR GRADE RELEASE
(A parent/guardian must sign this form)

I give permission to the school to release grade reports and/or information regarding my child to the University of Scranton, University of Success Program for application purposes. If my child is accepted in the program, I agree to give permission to you to release this information for continued academic purposes throughout his/her remaining junior high and senior high school years.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

NOTE TO GUIDANCE COUNSELOR:

PLEASE ENCLOSE THIS FORM WITH THE STUDENT'S MOST
RECENT REPORT CARD

020208