



# Application for Admission

## PROGRAM FOR THE EXCEPTIONALLY GIFTED

For more information contact:

Program for the  
Exceptionally Gifted  
Mary Baldwin College  
P.O. Box 1500  
Staunton, Virginia 24402  
540-887-7039  
toll free: 800-468-2262  
fax: 540-887-7187  
e-mail: [peg@mbc.edu](mailto:peg@mbc.edu)  
[www.mbc.edu/peg](http://www.mbc.edu/peg)

### APPLICATION PROCEDURE

To apply for admission to Mary Baldwin College's Program for the Exceptionally Gifted (PEG), please follow these procedures:

1. Complete the application and submit it with the \$35 non-refundable application fee to:  
Program for the Exceptionally Gifted  
Office of Admissions  
Mary Baldwin College  
Staunton, Virginia 24401.
2. Include a copy of your scores on any of the following: SAT or ACT. If you have not taken one of these tests, please make arrangements with the guidance counselor at your school to do so.
3. Request that an official copy of your school transcript, **beginning with sixth grade**, be sent to PEG. Completion of two years of a high school math is required (Algebra I, Algebra II, Geometry, Trigonometry, Calculus).
4. Three recommendation forms completed by two teachers and one administrator (gifted coordinator, guidance counselor, or principal).
5. **Contact the PEG office to schedule a personal family interview.**

We are pleased you are applying for admission to Mary Baldwin's Program for the Exceptionally Gifted. We look forward to receiving your application and working with you through the admissions process.

# Parent Support

Father's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Last school or college attended \_\_\_\_\_

Degree received (e.g. B.A.) \_\_\_\_\_

Place of employment \_\_\_\_\_

Title \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Last school or college attended \_\_\_\_\_

Degree received (e.g. B.A.) \_\_\_\_\_

Place of employment \_\_\_\_\_

Title \_\_\_\_\_

Applicant's parents (check if living)

Father  Mother  Stepfather  Stepmother  Student has legal guardian (other than parents)

Other, explain \_\_\_\_\_

Check any that apply  Parents separated  Parents divorced Legal custody:  Mother  Father  Joint

If joint custody, please explain terms \_\_\_\_\_

List names, ages, and colleges of brothers and sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you applying for financial aid?  Yes  No

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Please have a parent or legal guardian answer the following questions in as much detail as necessary on a separate sheet.

1. With whom does the applicant live? Comment on the relationships with family members and any others who have influenced the applicant.
2. Describe the academic, personal, or social experiences that have had a particularly strong influence on the applicant's development.
3. Describe your personal perspective on the applicant's academic performance.
4. Have any physical or psychological problems interrupted or affected the applicant's education? If so, please describe. Please give names and addresses of physicians and/or psychologists whom PEG may consult.
5. Describe what you think the applicant has to offer the Program for the Exceptionally Gifted.
6. Please include any additional information which you think would strengthen the application.

# Student Information

Full Name \_\_\_\_\_  

Last
First
Middle
Preferred Name

Home Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Mailing Address (if different from above) \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S. Citizen  Yes  No If no, country of citizenship \_\_\_\_\_ Are you a resident alien? \_\_\_\_\_

This information will not be used in determining admissions decisions or financial aid qualifications. This information will be used for administrative reporting in compliance with the Title VI of the Civil Rights Act of 1964.

- American Indian/Alaskan   
  Mexican/Mexican American   
  Other Hispanic/Latina   
  White Non-Hispanic/Latina  
 Asian/Pacific Islander   
  Puerto Rican   
  Black Non-Hispanic/Latina  
 Multicultural (*specify* \_\_\_\_\_) Religious Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_  

Last
First
Middle

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Father's Name \_\_\_\_\_  

Last
First
Middle

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

If any of your relatives have attended MBC, please list:

Name	Relationship to you	Dates Attended MBC:
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you become a member of the PEG student body at Mary Baldwin College, you will be expected to make, in writing, the following honor pledge:

*Believing in the principles of student government, I pledge myself to uphold the ideals and regulations of the Mary Baldwin community. I recognize the principles of honor and cooperation as the basis of our life together and shall endeavor faithfully to order my life accordingly and to encourage others to fulfill ideals of the honor system.*

Do you think that, if enrolled in PEG at Mary Baldwin College, you would be able to make this commitment?  Yes  No

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Beginning with the 6th grade, list in chronological order all educational institutions and colleges you have attended (include summer schools).

Name of institution	City/State	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any employment, either paid or volunteer, held since 6th grade. Continue list on separate sheet if necessary.

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List any honors or awards you have received, or special programs you have attended. Continue list on separate sheet if necessary.

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List three books in each category that you have read during the past year that you would recommend.

Required

Personal

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## Essay Topics

On separate sheets of paper please respond to four of the following six questions. Each essay should be typed and at least 250 words in length. **Questions 1 and 2 are required. Do not use your decision to apply to PEG as your basis for responding to question 2.**

1. Discuss reasons why the Mary Baldwin Program for the Exceptionally Gifted would be an appropriate educational opportunity for you. Include a description of your educational interests and objectives.
2. Describe a recent experience which forced you to consider two or more equally compelling ideas or points of view. What issue were you confronting? What did you learn from your internal struggle?
3. If you were going to make a presentation on someone who is/was well known in a particular field, but not to the public, who would it be and why do you think that person is significant?
4. Select a personal accomplishment (other than grades) you have achieved in school or in a community organization. Describe that accomplishment, the actions you took to achieve it, and why you think the accomplishment is important.
5. Describe a preferred area of study and how you would be interested in pursuing it.
6. Ask and answer a question that you wish we had asked.

My signature indicates that all information in this application is complete and honestly presented.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

*Mary Baldwin College does not discriminate on the basis of sex (except that men are admitted only as ADP and graduate students), race, national origin, color, age, disability, or sexual orientation in its educational programs, admissions, co-curricular or other activities, and employment practices. Inquiries may be directed to the Vice President for Business and Finance, P.O. Box 1500, Mary Baldwin College, Staunton, Virginia 24402; phone 540-887-7175.*

# School Administration Recommendation Form

**TO THE APPLICANT:** This form should be given to a school administrator who can comment on your recent academic progress and your qualifications for entry into PEG. Please complete the upper portion of this form. Have each recommender return this form to you in a sealed envelope, signed across the seal, or have the recommender mail the form directly to the PEG office.

Applicant's Name \_\_\_\_\_  

Last
First
Middle
Preferred Name

Home Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Mailing Address (if different from above) \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

Please select one:     I have retained my right to access this recommendation.     I have waived my right to access this recommendation.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**TO THE RECOMMENDER:** Please complete both sides of this form. Return this recommendation to the applicant in a sealed envelope on which you have signed across the seal or mail directly to the PEG office at the address below. **Please keep a photocopy for your records.**

The Program for the Exceptionally Gifted (PEG) at Mary Baldwin College considers students for admission who will be in at least ninth grade in their next school year. PEG provides gifted girls the opportunity to begin their college education one to four years early. PEG is designed especially for high-achieving females who desire a challenging environment with appropriate support for a successful transition to college life and work at a young age.

Recommender's name \_\_\_\_\_ Title/Position \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**RATINGS:** Compared to other gifted students whom you have worked with, check how you would rate this student in terms of academic skills and potential.

	No basis	Poor	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
	Creative, original thought							
	Motivation							
	Independence, initiative							
	Intellectual ability							
	Academic achievement							
	Written expression of ideas							
	Effective class discussion							
	Disciplined work habits							
	Potential for growth							
	Summary Evaluation							

**SEND TO:**    Program for the Exceptionally Gifted • Office of Admissions • Mary Baldwin College • Staunton, Virginia 24401  
 (540) 887-7039 • fax (540) 887-7187

Your observations and assessment of the applicant will be a great help to the Admissions Committee. Please submit your opinions of the applicant in the space provided on this form. Please provide information about the applicant in the following areas in relation to other students you have known or taught.

- A. Evidence that the applicant can succeed in an accelerated academic program.
- B. Evidence that the applicant is able and ready to assume more responsibility for her academic and social life while accepting available advice and assistance.
- C. Evidence regarding the applicant's emotional and intellectual maturity, reaction to criticism and authority, and creativity or originality of thought.

I recommend this student  with reservation  fairly strongly  strongly  enthusiastically.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## School Information

### PARENTS

#### Complete This Section

*This information must be completed by the student's parent(s) before submitting to school officials.*

I understand that in order for

\_\_\_\_\_ 's application to be considered, the information requested must be supplied by school personnel, and I give permission for this information to be released.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name \_\_\_\_\_  
Last or Family name First name Middle name

Home Address \_\_\_\_\_

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

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Name of High School \_\_\_\_\_

Projected Year of Graduation \_\_\_\_\_

### SCHOOL PERSONNEL

#### Complete This Section and Send To:

Program for the Exceptionally Gifted  
Office of Admissions  
Mary Baldwin College  
Staunton, Virginia 24401

Name of principal \_\_\_\_\_

Name of school \_\_\_\_\_

School division \_\_\_\_\_

**NOTE TO SCHOOL OFFICIALS:** This portion of the application for admission is used exclusively by the Office of Admissions solely for the purpose of admissions. It will not become part of the student's permanent record at Mary Baldwin College.

## Test Score Information

**A. SAT PSAT ACT**  
\_\_\_\_\_ Math \_\_\_\_\_ Math \_\_\_\_\_ Composite  
\_\_\_\_\_ Verbal \_\_\_\_\_ Verbal  
Date \_\_\_\_\_

#### B. National percentile rank on most recent achievement test battery\*

\_\_\_\_\_ Reading \_\_\_\_\_ Lang. Arts  
\_\_\_\_\_ Math \_\_\_\_\_ Soc. Studies  
\_\_\_\_\_ Science \_\_\_\_\_ Use of Sources

Date tested \_\_\_\_\_

Test used \_\_\_\_\_

\*Please use SRA achievement test scores if they are available. If other test scores are used, please give the name of the test and modify the above section to report scores.

#### C. Intelligence Test Scores (Please enter most recent scores.)

Individual (if available): name of test

\_\_\_\_\_ Score \_\_\_\_\_ Date tested \_\_\_\_\_

Group: name of test

\_\_\_\_\_ Score \_\_\_\_\_ Date tested \_\_\_\_\_

#### D. Please include a current academic transcript (beginning with sixth grade) with copies of standardized test scores, SAT, PSAT, or ACT scores, and attendance records.



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EXCEPTIONALLY GIFTED

# Teacher Recommendation Form

**TO THE APPLICANT:** This form should be given to a teacher who can comment on your recent academic progress and your qualifications for entry into PEG. Please complete the upper portion of this form. Have each recommender return this form to you in a sealed envelope, signed across the seal, or have the recommender mail the form directly to the PEG office.

Applicant's Name \_\_\_\_\_  

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Home Address \_\_\_\_\_  

Number and Street
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Mailing Address (if different from above) \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

Please select one:     I have retained my right to access this recommendation.     I have waived my right to access this recommendation.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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School Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**RATINGS:** Compared to other gifted students whom you have worked with, check how you would rate this student in terms of academic skills and potential.

	No basis	Poor	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
	Creative, original thought							
	Motivation							
	Independence, initiative							
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	Disciplined work habits							
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Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

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School Address \_\_\_\_\_  

Number and Street
City
State
Zip Code

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

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	Academic achievement							
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	Effective class discussion							
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Signature \_\_\_\_\_

Date \_\_\_\_\_