



# GATEWAY SCIENCE ACADEMY

Address: 5049 Fyler Ave. St. Louis, MO 63139 Phone: (314)-261-4361 Fax: (314)-261-4364 Web: www.gsastl.org

## DUAL ENROLLMENT SCHOLARSHIP APPLICATION

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

### MINIMUM REQUIREMENTS & EXPECTATIONS:

- The Dual Enrollment Scholarship Program is subject to change for each school year depending on available fundings.
- Dual Enrollment Scholarship can be used during two terms of the school year: Fall and spring
- Eligible students may be awarded funds for up to two (2) courses per academic year, not to exceed nine (9) credit hours .
- DES funds may not be used for remedial or developmental coursework, or to repeat failed or withdrawn dual credit coursework. DES will be available for Advanced Level courses that are not offered at GSA.
- No high school credits will be awarded if a student leaves GSA.
- A student must be a current high school, college bound junior or senior,
- A student must have an overall minimum GPA of 3.00 on a 4.00 scale. (GPA of 2.5 to 3.0 will be reviewed case by case.)
- A student must score 21 or higher from ACT.
- A student must, demonstrate competency in prerequisite content and be enrolled in credit-bearing courses.
- A student must have had applied, been accepted and approved by the participating postsecondary institution at which he or she is enrolled as a dual credit enrollment student.
- A student must provide a signed letter of recommendation from his/her college counselor and provide written permission from a parent or legal guardian.



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## SECTION A- APPLICATION PROCEDURES

**Step 1:** Apply to Dual Enrollment Program

**ONLINE Application Link for LU:**

<https://applylu.lindenwood.edu/login.asp?ECS=1>

**ONLINE Application for UMSL Kick Start:**

<http://umsl.edu/kickstart/registration/index.html>

**ONLINE Application for STLCC:**

[https://www.stlcc.edu/Admissions/Apply\\_to\\_STLCC/Index.html](https://www.stlcc.edu/Admissions/Apply_to_STLCC/Index.html)

**Step 2:** Decide Dual Enrollment course(s) you want to take and, if appropriate, the equivalent high school course(s).

**Step 3:** Discuss your plan to dual enrollment with your parent or guardian and your college counselor. They all must sign SECTION C of this form to show their approval.

**Step 4:** Meet with your college counselor. Bring this form with SECTION B, C and D completed. If s/he approves, the counselor will sign the form and request approval from the high school principal or designee for the total amount requested..

## SECTION B - REGISTRATION

List Dual Enrollment courses you wish to take and, if appropriate, the equivalent high school courses:

College Name (Lindenwood, UMSL, STLCC)	College Credits	Dual Enrollment Course Name & Number

## SECTION C - STUDENT

By signing below, I acknowledge that I understand Dual Enrollment Scholarship policies and expectations of dual enrollment students, and I am voluntarily giving my parent/guardian and high school counselor access to my educational records.

\_\_\_\_\_  
*Student Print Name Signature*

\_\_\_\_\_  
*Date*



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## SECTION D - PARENT/GUARDIAN

By signing below, I acknowledge that

- I understand Dual Enrollment Program policies and expectations of dual enrollment students.
- I understand courses will be more academically challenging than traditional high school courses, will include different requirements for each course, and will result in a separate grade for each course.
- I understand grades earned in dual enrollment become part of the student's' permanent academic record and will be reflected on the college transcript.
- Any billing not covered by the High school is the student's and parent/legal guardian's responsibility.
- I have reviewed Dual Enrollment Program information and my child has my permission to be registered for dual enrollment courses at the post-secondary institution.

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*Parent/Guardian Print Name*

*Signature*

*Date*

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*Parent / Guardian Email Address*

*Parent / Guardian Phone Number*

## SECTION D – HS APPROVAL

I recommend that this student be permitted to enroll in the course(s) listed on this form.

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*HS College Counselor Print Name*

*Signature*

*Date*

- I approve this student's enrollment in the course(s) listed on this form.
- I do not approve this student's enrollment in \_\_\_\_\_ because  
(*course prefix and number*)

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*HS PRINCIPAL/ DESIGNEE Print Name*

*Signature*

*Date*

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