Please return this form and your formal letter of recommendation postmarked by February 1, 2015. Do NOT return these forms to the student. Please mail these forms to
The Gatton Academy
Attn: Admissions
WKU
1906 College Heights Blvd. #71031
Bowling Green, KY 42101-1031

About the Gatton Academy

The mission of the Carol Martin Gatton Academy of Mathematics and Science in Kentucky is to offer a residential program for bright, highly motivated Kentucky high school students who have demonstrated interest in pursuing careers in science, technology, engineering, and mathematics. Each year the Gatton Academy admits 60 Kentucky students who apply during their sophomore year and are awarded admission based on standardized test scores, grades, responses to essay questions, recommendations, and personal interviews. Instead of spending their junior and senior years in traditional high schools, students enrolled in the Gatton Academy live in a uniquely dedicated Gatton Academy residence hall. Taking courses offered by Western Kentucky University, their classmates are fellow Gatton Academy students and WKU undergraduate students. At the end of two years, Gatton Academy students will have earned sixty college credit hours in addition to completing high school. The goal is to enable Kentucky’s exceptional young scientists and mathematicians to learn in an environment which offers advanced educational opportunities, preparing them for leadership roles in the Commonwealth of Kentucky. For additional information about the Gatton Academy, please visit our website at www.wku.edu/academy.

The Gatton Academy Admissions Committee relies on the perspective and experience of teachers, administrators, and community members like you to properly evaluate applicants. We sincerely appreciate your time and thoughtful consideration in the completion of this form and recommendation.

This form fulfills the required recommendation from a/an:  

- [ ] Math or Science Teacher  
- [ ] English or Writing Teacher  
- [ ] Counselor, Administrator, or Community Leader  
- [ ] Person of the Applicant’s Choice

Applicant’s Name: ____________________________

Your Name (print): ____________________________ Length of Time Knowing Applicant: ______

Current School: ____________________________ Role/Position: ____________________________ Years Teaching: ______

Phone Number: ____________________________ Email address: ____________________________

☐  I would like to receive additional information about the Gatton Academy.

Signature: ____________________________ Date: ____________________________