



**KING'S
COLLEGE**

TRANSFORMATION. COMMUNITY. HOLY CROSS.

**King's College
Young Scholar Program
Summer 2018 Schedule**

Section Name	Section Title	Section Days	Start Time	End Time
CHEM*113*A S1	General Chemistry 1	M T W TH F (June 8 – July 3)	9:00 a.m.	12:00 p.m.
CHEM*113L*A S1	General Chemsistry 1 Lab	MTW (June 8 - July 3)	1:00 p.m.	4:00 p.m.
CORE*110*E S2	Effective Writing	M W (July 9-August 16)	6 p.m.	9 p.m.
CORE*115*A S2	Oral Communication	M T W TH (July 9 – August 3)	9 a.m.	11:05 a.m.
CORE*154*E SS	Introduction to Psychology	TH (May 22 – August 16)	6 p.m.	9 p.m.
CORE*154*E S2	Introduction to Psychology	T TH (July 9 – August 16)	6 p.m.	9 p.m.
MATH*110*A S2	Pre-Calculus	M T W TH (July 17 – August 10)	9 a.m.	11:05 a.m.



The King's College Young Scholar program is for gifted high school seniors, and in some instances, juniors may take first-year or introductory-level courses during the academic year and in the summer at King's College. The purpose is to orient talented local high school students to the college environment and to provide each student with an extensive, challenging experience in an academic discipline.

To qualify for the program, high school seniors should be in the top 20% of their class, and juniors in the top 10% of their class. Students need to complete the application/registration form for the program, and have their guidance counselor recommend them by signing the form and sending it along with a copy of their transcript, to the Young Scholars Program at King's College. Students can obtain the **application/registration** form from their local guidance office.

Program Coordinators:

Dr. Thomas Landon

Director of Admission

Phone: 570 208 8389

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Ms. Maggie Height

Assistant Director of Admission

Phone: 570 208 8385

Email: margaretheight@kings.edu

Cost per Course:

\$180 (Per 3 credit course)

\$200 (Chemistry/Biology Lab Fee)

Parking:

\$35(includes Fall and Spring)

Website:

http://www.kings.edu/admissions/young_scholars



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Young Scholar Program Application Form

Name: _____

Address: _____

City: _____ Phone number: _____

State: _____ Email: _____

Zip: _____ Date of Birth: _____

SS# _____ Gender: Male ___ Female ___

High School: _____ Graduation Year: _____

Guidance Counselor: _____

Check the Semester and enter the year for which you wish to take classes:

_____ Fall _____ Spring _____ Summer _____ Year

Please list the courses you wish to take this semester as well as alternate courses. In the event that we cannot register you for your first choice, we will try to register you for your alternate choices. Thank you.

Section	Title	Credits	Days
1. _____	_____	_____	_____
2 _____	_____	_____	_____

Alternate Courses

Section	Title	Credits	Days
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____