

**Legal name:**

Last First Middle

Current mailing address:

City: State: Zip Code:

Permanent address (if different):

City: State: Zip Code:

Primary phone number ( )

E-mail address:

High School:

Current Grade (Circle one): 9 10 11 12

Graduation Year:

Social Security Number:

Date of Birth (MM/DD/YY):

Gender:  Male  Female

I am a legal resident of (circle one): City / Village / Township

City/Village/Township County State

Semester you wish to begin  Fall  Spring  Summer (if applicable)

Year:

Select any other group or groups that apply to you.

- American Indian or Alaska Native.** A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian.** A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- Black or African American.** A person whose ancestors include any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander.** A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White.** A person whose ancestors include native peoples of Europe, the Middle East or North Africa.

I certify that the information on this application is true and complete to the best of my knowledge

I authorize the high school and college to share course and grade information

\_\_\_\_\_  
Signature/Date