



**APPLICATION**  
**PLEASE TYPE OR PRINT LEGIBLY**

**PERSONAL DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**EDUCATIONAL DATA**

*This section must be completed and signed by the guidance counselor who must also include your official transcript with your ACT and/or SAT scores which are identified on the transcript*

School District \_\_\_\_\_ High School \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Transcript Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

My signature certifies the cumulative GPA ending in December 2014 and the calculated LAW the grading scale adopted by the school district governing board. Additionally, the ACT and/or SAT scores are official.

Counselor's Printed Name \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECKLIST**

Proof of Residency Yes \_\_\_\_\_ No \_\_\_\_\_

Letters of Recommendation (3) Yes \_\_\_\_\_ No \_\_\_\_\_

Essay Yes \_\_\_\_\_ No \_\_\_\_\_

Transcript Yes \_\_\_\_\_ No \_\_\_\_\_