

ADVANCED SCHOLARS PROGRAM APPLICATION

PERSONAL INFORMATION

Legal Name			Middle			Last (Family)		
Name you prefer to be called			Social Security Number (if applicable)					
Gender								
Home Address		Number and Street		City		State		Zip (Country)
Mailing Address (use until ____/____/____)		Number and Street		City		State		Zip (Country)
Home Telephone		Area Code	Number		Cell Phone		Area Code	Number
Email								

High School Name		Address		City		State		Zip (Country)
Citizenship			<input type="checkbox"/> U.S.	<input type="checkbox"/> U.S. permanent resident	<input type="checkbox"/> Other country _____	Expected visa type _____		

The following items are optional:

Place of birth: _____ Date of birth: _____ Marital status: _____
City State Country Month/Day/Year

First language, if other than English: _____ Language spoken at home: _____

If you wish to be identified with a particular ethnic group, please check one or more, as appropriate:

- African American, Black (country of family origin _____)
- American Indian or Alaskan Native (tribal affiliation _____)
- Asian American (country of family origin _____)
- Asian (Indian subcontinent) (country _____)
- Hispanic, Latina/Latino (country of family origin _____)
- Native Hawaiian, Pacific Islander
- White or Caucasian
- Other (please specify) _____

FAMILY INFORMATION

Parent 1			Parent 2		
Last/Family	First	Middle	Last/Family	First	Middle

Is he/she living? _____ Is he/she living? _____

Home address if different from yours _____ Home address if different from yours _____

Occupation _____ Occupation _____

Name of business or organization _____ Name of business or organization _____

College (if any) _____

Degree _____ Year _____ Degree _____ Year _____

If not with both parents, with whom do you make your permanent home? _____

Legal guardian's name/address _____

Please check if parents are married separated divorced (date _____) other _____

