Grinnell College

ADVANCED SCHOLARS PROGRAM APPLICATION

PERSONAL INFORMATION

Legal Name First 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 ❑ U.S. ❑ U.S. permanent resident ❑ Other country _____ Expected visa type _____

The following items are optional:

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

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 _____ (Last/Family First Middle)

Is he/she living? _____

Home address if different from yours

_____

_____

Occupation _____

Name of business or organization _____

College (if any) _____

Degree _____ Year _____

Professional or graduate school (if any) _____

Degree _____ Year _____

Parent 2 _____ (Last/Family First Middle)

Is he/she living? _____

Home address if different from yours

_____

_____

Occupation _____

Name of business or organization _____

College (if any) _____

Degree _____ Year _____

Professional or graduate school (if any) _____

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 _____

(OVER)

Please answer the questions below: *(attach an additional page if necessary)*

How did you first learn about the Grinnell College Advanced Scholars Program? _____

Why are you applying for the Grinnell College Advanced Scholars Program? _____

If applicable, please list the name(s) of any Grinnell alumni or current student(s) who are related to you and their relationship to you. _____

What course(s) do you plan to take if admitted to the Grinnell College Advanced Scholars Program? _____

In addition to this form, the following items must be submitted and postmarked by Aug. 1 (fall semester course); or Jan. 1 (spring semester course), to be considered for the Grinnell College Advanced Scholars Program:

- ❑ Official high school transcript with SAT/ACT or PSAT/PLAN scores
- ❑ Counselor recommendation (Advanced Scholar Secondary School Report Form)
- ❑ $35 application fee

Please return all materials to: Office of Admission, Grinnell College, Grinnell, IA 50112-1690.