



## Application for Admission

Please type or print in black ink.

### Personal Information

Name: \_\_\_\_\_  
*Last/Family (Enter name exactly as it appears on official documents.) First/Given Middle (complete) Jr., etc.*

Preferred name, if not first name (choose only one): \_\_\_\_\_ Former last name(s) if any: \_\_\_\_\_

What is our intended start date: \_\_\_\_\_ Birth date: \_\_\_\_\_  Female  Male  
*Semester and year mm/dd/yyyy*

E-mail address \_\_\_\_\_

Permanent home address: \_\_\_\_\_  
*Number and Street Apartment #*  
\_\_\_\_\_  
*City or Town State/Province Country ZIP/Postal Code*

Permanent home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Area Code*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If different from above, please give your mailing address for all admission correspondence.**

Mailing address (from \_\_\_\_\_ to \_\_\_\_\_)  
*(mm/dd/yyyy) (mm/dd/yyyy)*  
\_\_\_\_\_  
*Number and Street Apartment #*  
\_\_\_\_\_  
*City or Town State/Province Country ZIP/Postal Code*

If your mailing address is a boarding school, include name of school here: \_\_\_\_\_  
Phone at mailing address (\_\_\_\_\_) \_\_\_\_\_  
*Area Code*

### Citizenship (check appropriate box)

- US citizen
- Dual US citizen Please list any non-US countries of citizenship: \_\_\_\_\_
- US permanent resident visa Alien registration number: \_\_\_\_\_
- Other citizenship Visa Type \_\_\_\_\_

If you are not a US citizen and live in the United States, how long have you been in the country? \_\_\_\_\_

## Educational Information

Secondary school you now attend (or from which you graduated): \_\_\_\_\_ Date of entry: \_\_\_\_\_  
mm/dd/yyyy

Date of secondary graduation \_\_\_\_\_

Type of school :  public  independent  religious  home school

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town State/Province Country ZIP/Postal Code

Counselor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_ Counselor's e-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number

**What challenges (if any) do you have in the classroom?**  Not enough time  Difficulty writing  Sequencing/ prioritizing  
 Group instruction  Paying attention  Blurt out answers  Difficulty with written material  Getting organized  
 Other \_\_\_\_\_

**List all other secondary schools, including summer schools as well as summer and other programs, you have attended, beginning with 9<sup>th</sup> grade.**

Name of School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.**

Name of College/University/Technical School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)	Credits Earned
_____	_____	_____	Yes/ No
_____	_____	_____	Yes/ No

If any of the following apply to your secondary school education, please check the appropriate box and provide details on the lines below or on a separate sheet:

graduated early  graduated late  will not graduate, will receive GED  will not graduate, will not receive GED

If you received a GED, list date: \_\_\_\_\_ (Official scores must be sent from the testing agency.)  
mm/yyyy

**What would you like your teacher/ tutor to know about the way you learn?** \_\_\_\_\_

**What accommodations have you had in the classroom in the past?**  Additional Time  Calculator  Computer

Assisted Technology  Assistance with note taking  Preferred seating

Other \_\_\_\_\_

Have you ever had an Individual Education Plan while attending school?  Yes  No

If yes, please provide a copy when submitting this application.

Possible area(s) of academic concentration/major(s): \_\_\_\_\_

Possible career or professional plans: \_\_\_\_\_

### Test Information

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution within 14 days of submitting this application. If you have already taken any of the test listed below, please record your scores. (Please note that it is not necessary to have taken the exams listed below in order to be accepted into the CLE program.)

#### ACT

<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing
<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing
<i>Date taken/ to be taken</i>	English	Math	Reading	Science	Composite	Writing

#### SAT I or SAT Reasoning Tests

<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing	<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing
<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing	<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Math	Writing

#### SAT II or Subject Tests

<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Score	<i>Date taken/ to be taken</i>	Verbal/ Critical Reading	Score
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#### Test of English as a Foreign Language (TOEFL)

Date taken/	Score	Test	Date taken/	Score	Test
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Have you taken other college placement exams such as Accuplacer or Compass?  Yes  No

If yes please write name of school and location where exam was taken: \_\_\_\_\_

### Academic Honors

Briefly list or describe any scholastic distinctions or honors you have won since the 9<sup>th</sup> grade (e.g., National Merit, Cum Laude Society).

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## Family Information

Please list the adults who have legal rights and responsibilities toward you. (*If you are a minor, this is usually one or both of your living biological parents.*) If you wish, you may list on an attached sheet step-parents and/or other adults with whom you reside, or who otherwise help care for you.

Parents' Marital Status (relative to each other):  Never married  Married  Widowed  Separated  
 Divorced (date \_\_\_\_\_)  
mm/dd/yyyy

Parent/Guardian 1:  Mother  Father  Legal Guardian

Parent/Guardian 2:  Mother  Father  Legal Guardian

\_\_\_\_\_  
Last/Family      First/Given      Middle      Title (Mr., Ms., Dr., etc.)

\_\_\_\_\_  
Last/Family      First/Given      Middle      Title (Mr., Ms., Dr., etc.)

Home address **if different** from yours:  
 \_\_\_\_\_  
 \_\_\_\_\_

Home address **if different** from yours:  
 \_\_\_\_\_  
 \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Home phone (\_\_\_\_) \_\_\_\_\_  
Area Code

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Name of employer \_\_\_\_\_

Name of employer \_\_\_\_\_

College (if any) \_\_\_\_\_

College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Graduate school (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

**Please give names and ages of your brothers or sisters. If they have attended college, give the names of the institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them on an attached sheet.**

Name/Relationship Institution Attended Degree Earned Dates (yyyy-yyyy)


## Extracurricular, Personal, and Volunteer Activities

Please list your **principal** extracurricular, community, and family activities and hobbies **in the order of their interest to you**. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.** (Please include summer activities)

Activity	Grade level or post-graduate (PG)					Approximate Time Spent	Positions held, honors won or letters earned
	9	10	11	12	PG		

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## Work Experience

Please list principal jobs you have held during the past three years (including summer employment).

Specific Nature of Work	Employer	Approximate Dates (mm/yyyy - mm/yyyy)	Approximate # of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Personal Essay

This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize your thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Please write an essay (250 words minimum) on a topic of your choice or on one of the options listed below. Attach your essay to the last page on a separate sheet(s) (same size please). You must put your full name, date of birth, and name of secondary school on each sheet.

Please indicate your topic by checking the appropriate box.

- Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- Discuss some issue of personal, local, national, or international concern and its importance to you.
- Indicate a person who has had a significant influence on you, and describe that influence.
- Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community, or an encounter that demonstrated the importance of diversity to you.
- Topic of your choice.

## Getting to Know You

- What does the College Living Experience Program provide, which you feel will benefit you most? (Check all that apply)
  - Academic Support Service
  - Financial Assistance Skills
  - Time Management
  - Cooking and Meal Preparation
  - Social Program
  - Other \_\_\_\_\_
- What are your strengths? \_\_\_\_\_
- What goals have you set for yourself? \_\_\_\_\_  
\_\_\_\_\_
- Have you ever lived with a roommate?  Yes  No
- Describe the ideal roommate you would like to have: \_\_\_\_\_  
\_\_\_\_\_
- What is at least one habit/ characteristic you would not like in a roommate? \_\_\_\_\_  
\_\_\_\_\_
- Have you ever had a credit card?  Yes  No
- Have you ever had your own checking account?  Yes  No
- Have you ever paid your own bills?  Yes  No
- Do you have a computer?  Yes  No
- Do you have a driver's license?  Yes  No
- Are you planning on bringing a car to the program?  Yes  No
- Do you have car insurance?  Yes  No
- Have you ever used public transportation?  Yes  No

• Have you ever lost your license due to violations? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

• What sports activities and/ or hobbies do you enjoy? \_\_\_\_\_  
\_\_\_\_\_

• What clubs/ organizations interest you the most? \_\_\_\_\_  
\_\_\_\_\_

• Do you belong to any social organizations or groups? \_\_\_\_\_

• What types of activities do you like to do when you are by yourself? \_\_\_\_\_  
\_\_\_\_\_

• Have you ever smoked?  Yes  No

• Do you currently smoke?  Yes  No

• Do you drink alcohol?  Yes  No

If yes, which of the following describes your drinking of alcoholic beverages?

- Monthly  Weekends Only  Usually when I am alone  Weekly  
 Daily  Usually with friends  Celebrations/ Special occasions

• Have you ever experimented with any illegal drugs?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

• Do you have a disability?  Yes  No

If yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

• Please list any current or previous health problems you have experienced: (seizures, head injuries, diabetes, sleep disturbance)  
\_\_\_\_\_  
\_\_\_\_\_

• Are you currently taking any medication(s)? (include prescription medication)  Yes  No

If Yes, Please list medication(s) and purpose: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  Yes  No

Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

**APPLICATION FEE PAYMENT**    Mailed Payment    Bring with Application

**ADDITIONAL INFORMATION:** *If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.*

Please indicate which College Living Site(s) you are interested in attending:

- Austin, TX                       Denver, CO                       Monterey, CA  
 Costa Mesa, CA                 Fort Lauderdale, FL            Washington, DC

I am applying to the College Living Experience program (CLE). I grant my permission for CLE to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in the student or parent questionnaire, both of which constitute "this application." I consent to the release of any and all information about me by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for CLE and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about me. This consent shall continue until withdrawn in writing by me.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*