



Application for Admission

Please type or print in black ink.

Personal Information

Applicant's Name: _____
Last/Family (Enter name exactly as it appears on birth certificate /transcripts) First/Given Middle (complete) Jr., etc.

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

What is your intended start date?: _____ Semester and year Birth date: _____ mm/dd/yyyy

E-mail address _____ Female Male

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)

U.S. citizen

Dual U.S. 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: _____

Date of secondary school graduation _____ mm/dd/yyyy

Type of school : public independent religious home school Other

Address _____ mm/dd/yyyy

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 Blurting out answers Difficulty with written material Getting organized
 Other (Describe below)

List all other secondary schools, including summer schools as well as other programs, you have attended, beginning with 9th 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 within 14 days of submitting this application.

Name of College/University/Technical School	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy)	Credits Earned
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>
No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/>

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

- Assisted Technology Computer Assistance with note taking Preferred seating

Other

Please describe

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 tests 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

Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing

SAT I or SAT Reasoning Tests

Date taken/ to be taken	Verbal/ Critical Reading	Math	Writing	Date taken/ to be taken	Verbal/ Critical Reading	Math	Writing

SAT II or Subject Tests

Date taken/ to be taken	Verbal/ Critical Reading	Score	Date taken/ to be taken	Verbal/ Critical Reading	Score

Test of English as a Foreign Language (TOEFL) or Other Exam

Test	Date taken/	Score	Test	Date taken/	Score

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 9th grade (e.g., National Merit, Cum Laude Society).

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 beyond your courses, grades, test scores, and other objective data. 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). Write your full name and date of birth 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 describe 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

- Which supports provided by the College Living Experience program do you feel will benefit you most? (Check all that apply)
 - Academic Support Service Financial Assistance Skills Time Management
 - Cooking and Meal Preparation Social Programs 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

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

- Austin, Texas Denver Fort Lauderdale, Fl.
- Washington DC Monterey, Calif.

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