

Early College Academy

APPLICATION FORM

Please complete this form and return them to the Early College office/advisor. Please type or print clearly in blue or black ink. Note, questions with an * are optional.

Application Date: _____

PERSONAL INFORMATION

Legal Name: _____

Last (family or sur) Name

First Name

MI

Sex/Gender: Male Female Gender Identity _____ Date of Birth: _____

Preferred First Name (only if different from above): _____ Preferred Pronouns _____

Mailing Address: _____
Street & Apt. # or P.O. Box _____ City _____ State _____ Postal/Zip Code _____

Alternate Address: _____
(if different from home) Street & Apt. # or P.O. Box _____ City _____ State _____ Postal/Zip Code _____

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Ethnic Background: Do you identify yourself as: Hispanic or Latino Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:

- American Indian or Alaskan Native Asian Black or African American White Cape Verdean Native Hawaii or Pacific Islander

How did you hear about Early College? _____

What High School are you from? _____
Name of School _____ City _____

Have you attended any other high schools? Yes No If yes, where? _____

Name of most recent Guidance Counselor: _____

Have you taken dual enrollment classes before? Yes No If yes, where? _____

Have you taken A/P classes before? Yes No If yes, where? _____

Do you have a job? Yes No If yes, how many hours a week do you work? _____

Do you participate in school athletics or extracurriculars? Yes No If yes, what? _____

ESSAY REQUIREMENT

As an Early College student, how will you manage the balance of academics, commitments to work and family, and your social and personal life? What are your strengths and where do you see opportunity for growth?

I certify by signing below that I wrote my own essay and it reflects my own original thoughts, words, and writing skills.

Applicant's Signature: _____ **Date:** _____

SCHOOL DISTRICT INFORMATION FORM

Directions to the School Counselor: Please fill in the information below and forward to the Early College Advisor with a copy of the student's high school transcript.

Student Information:

Name: _____ Date: _____

Student SASID# _____

Intended Graduation Date: _____

Student's GPA (on a 4.0 scale): _____

Counselor Comments: _____

Counselor Name (please print): _____

Counselor Signature: _____

Counselor Email: _____ **Counselor Phone #:** _____



