

6. College Preferences:

Name City/State

Name City/State

Name City/State

7. Anticipated Major or Field of Study (If Known) _____

8. List school related extracurricular activities _____

9. List community activities _____

10. What are your short and long term goals? _____

In submitting this information, I certify that the information is accurate and complete to the best of my knowledge.

Applicant's Signature Date Parent or Legal Guardian Signature