

ADVANCED SCHOLARS PROGRAM APPLICATION

	First		Middle		Last (Fam	nily)					
lame you prefer to be called		Gender									
lome Address	Number and Street		City		State	Zip	(Country)				
Aailing Address (use until/)	Number and Street		City		State	Zip	(Country)				
Home Phone Area Code	Number		Cell Phone	Area Code		Number					
mail			_								
ligh School Name	Address		City		State	Zip	(Country)				
itizenship □U.S. □U.S. permaner	zenship 🔲 U.S. 🔲 U.S. permanent resident 🔲 Other country:			_ Expecte	ected visa type						
The following items are optional:											
Place of birth:			Date of birth:		٨	Marital status:					
City	State	Country	Dute of birth	Marital status: Month/Day/Year							
First language, if other than English:			Language spok	en at home							
□ No			□ American India □ Asian □ Black or African □ Native Hawaiia □ White	ı American		er					
FAMILY INFORMATION											
Parent 1	F		Parent 2	Last/Famil		E					
Last/Family s this parent living?	First	Middle	Is this parent livi		,	First	Middle				
lome address if different from yours			Home address if	_							
·			Occupation				Name of business or organization				
Occupation			Name of busines	s or organiz	ation						
Occupation			Name of busines College (if any)	s or organiz	ation						
Occupation Name of business or organization College (if any) Degree Professional or graduate school (if an	Ye	ear	Name of busines College (if any) _ Degree Professional or g	s or organiz	ration		Year				
Occupation Name of business or organization College (if any) Degree	Ye	ear	Name of busines College (if any) _ Degree Professional or g	s or organiz	ation	y)	Year				
Occupation Name of business or organization College (if any) Degree Professional or graduate school (if an	Ye	ar	Name of busines College (if any) _ Degree Professional or g Degree	s or organiz	ool (if any	y)	_Year _Year				
Occupation Name of business or organization College (if any) Degree Professional or graduate school (if any Degree	y)Ye y yeYe ed □ separated	earear	Name of busines College (if any) _ Degree Professional or g Degree) □ other _	s or organiz	cation	у)	_ Year _ Year				

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?
That course(s) as you plan to take it durinted to the crimen conege navanced sensities rogium.
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: Grinnell College Office of Admission, 1227 Park St, Grinnell, IA 50112