

## **ADVANCED SCHOLARS PROGRAM APPLICATION**

PERSONAL INFORMATION					
Legal Name First	Middle	Last (Famil	у)		
Name you prefer to be called	Social Security Number	(if applicable)			
Gender					
Home Address Number and Street	City	State	Zip	(Country)	
Mailing Address (use until/) Number and Street	City	State	Zip	(Country)	
Home Telephone Area Code Number	Cell Phone	Area Code Number			
Email					
High School Name Address	City	State	Zip	(Country)	
Citizenship $\ \square$ U.S. $\ \square$ U.S. permanent resident $\ \square$ Other country	ountry	Expected visa type			
The following items are optional:  Place of birth:  City State Count		Ma	arital status:		
First language, if other than English:	Language spoken	at home:			
If you wish to be identified with a particular ethnic group, please ch  African American, Black (country of family origin  American Indian or Alaskan Native (tribal affiliation  Asian American (country of family origin  Asian (Indian subcontinent) (country	Hispanic, Latina/La  Native Hawaiian, P  White or Caucasian	atino (country of family or acific Islander			
FAMILY INFORMATION					
Parent 1  Last/Family First Middl Is he/she living? Home address if different from yours	Is he/she living? Home address if dit	Last/Family  fferent from yours	First		
Occupation Name of business or organization	Occupation	or organization			
College (if any)		_			
DegreeYear		College (if any) DegreeYear			
Professional or graduate school (if any)		duate school (if any)			
DegreeYear	=				
If not with both parents, with whom do you make your permanent					
Legal guardian's name/address Please check if parents are □ married □ separated □ divorced	(date)				

Please answer the questions below: (attach an adaitional 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?
, a specific y 5 a second seco
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.
in applicable, please list the name(s) of any diffiner alumin of 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?
What course(s) do you plan to take it duffitted to the diffinell college Advanced Scholars Hogiams.
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)
□ \$30 application fee

Please return all materials to: Office of Admission, Grinnell College, Grinnell, IA 50112-1690.