



ADVANCED SCHOLARS PROGRAM APPLICATION

PERSONAL INFORMATION

Ms. Mr. _____

Legal Name First Middle Last (Family)

Name you prefer to be called _____ Social Security Number (if applicable) _____

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 Telephone at Mailing Address Area Code Number

FAX Number (if applicable) _____ Electronic Mail Address (if available) _____

High School Name Address City State Zip (Country)

Citizenship U.S. U.S. Permanent Resident Other Country _____ Expected Visa Type _____

The following items are optional:

Place of birth: _____ Date of birth: _____ Marital status: _____
City State Country Month/Day/Year

First language, if other than English: _____ Language spoken at home: _____

Are you Hispanic/Latino(a)? Yes No

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

- American Indian or Alaska Native (tribal affiliation) _____
- Asian (including Indian subcontinent and the Philippines)
- Black or African American
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (Including Middle Eastern)

FAMILY INFORMATION

Parent 1 _____ Parent 2 _____
Last/Family First Middle Last/Family First Middle

Is he/she living? _____ Is he/she living? _____

Home address if different from yours _____ Home address if different from yours _____

Occupation _____ Occupation _____

Name of business or organization _____ Name of business or organization _____

College (if any) _____ College (if any) _____

Degree _____ Year _____ Degree _____ Year _____

Professional or graduate school (if any) _____ Professional or graduate school (if any) _____

Degree _____ Year _____ Degree _____ Year _____

If not with both parents, with whom do you make your permanent home? _____

Legal guardian's name/address _____

Please check if parents are married separated divorced (date _____) other _____

Please answer the questions below: *(attach an additional page if necessary)*

Please share with us how you first learned about the Grinnell College Advanced Scholars Program. _____

Please tell us why you are 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. _____

In addition to this form, the following items must be submitted by Aug. 1 (fall semester course); or Jan. 1 (spring semester course), (postmark deadlines) 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)
- Special Student Registration Form (with desired class[es] listed)
- \$30 application fee

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

