

# APPLICATION FORM

## Application Period: April 15 - June 1 annually

*Please Print*

TODAY'S DATE:

<b>LAST NAME</b>	<b>FIRST NAME</b>				
<b>HOME ADDRESS</b>					
<b>HOME or CELL PHONE</b>	<b>US CITIZEN</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	<b>US LEGAL RESIDENT</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>BIRTHDATE</b>	<b>ELIGIBLE FOR DREAM ACT</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	<b>GENDER</b>	<b>M</b>	<input type="checkbox"/>	<b>F</b>	<input type="checkbox"/>
<b>EMAIL ADDRESS</b>					
<b>NAME OF CURRENT HIGH SCHOOL &amp; ADDRESS</b>					
<b>PROPOSED COLLEGE OF ATTENDANCE</b>					
<input type="checkbox"/>	University of the West				

**PARENT'S NAME** (Mother/Father or both or Guardian)

**APPLICANT'S SIGNATURE** (I certify that all the information provided on this form is accurate.)

**Please attach a resume, semester 1 senior year transcript and a letter of application, including all schooling information and additional information as outlined in the eligibility criteria.**