

APPLICATION FOR ADMISSION

Personal Information

Legal name (please print or type) _____
Last name First name Middle name

First name you prefer _____ Maiden Former name (if applicable) _____
Name

Permanent address _____
Street Post office box

City/state/zip _____

Home telephone(_____) _____
Area code

Student cell phone number (_____) _____
Area code

As we work with you throughout the admissions process, what is the best means of communicating with you?
(check all that apply) E-mail Home phone Cell phone Text message

E-mail address _____

Current mailing address (if different from above) _____

City/state/zip _____

Telephone(_____) _____
Area code

Current mailing address and telephone (if not permanent) effective until _____
Month / date / year

Date of birth _____ Social Security number _____ Religious preference _____ Member Yes No

How did you become interested in Simpson?
Please check all that apply.

<input type="checkbox"/> Simpson student	<input type="checkbox"/> Alumnus/Alumna
<input type="checkbox"/> Guidance counselor	<input type="checkbox"/> Campus visit
<input type="checkbox"/> Teacher	<input type="checkbox"/> College night/fair
<input type="checkbox"/> Coach	<input type="checkbox"/> Simpson publications
<input type="checkbox"/> Parent	<input type="checkbox"/> Simpson Web site
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
<input type="checkbox"/> School visit by admissions counselor	

The following information is requested to evaluate equal education opportunity.

1. Are you Hispanic or Latino? Yes No

2. Please check one or more of the following: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White 2 or more races Race and ethnicity unknown (for U.S. only) Nonresident alien (NRA)

Citizen of U.S. Yes No Origin of birth _____ U.S. Permanent Resident Visa Yes No If yes, resident alien registration number: _____

Sex: male female Marital status: single married

Admission and Financial Assistance Information

Planned enrollment date _____ Full-time Part-time

Academic interests 1. _____ Month _____ Year _____ Undecided

Will you be a campus resident commuter

Will you file the Free Application for Federal Student Aid (FAFSA) to determine your eligibility for state and federal assistance? Yes No

Will you be auditioning or submitting a portfolio for any of the following scholarships (audition/portfolio required for consideration):

Music major Yes No Music activity Yes No Art Major Minor Theatre Yes No

Family Information

Please specify: Parent/Guardian 1 _____ Mother Father Guardian: _____

Address _____
Street City/state/zip Telephone (home or cell) _____

Occupation _____ Employer _____ Telephone (work) _____

Educational levels completed (check all that apply) High school _____ 2-year college _____ 4-year college _____
School name School name School name

Graduate degree _____ Other _____ Parent e-mail address _____

Parent/Guardian 2 _____ Mother Father Guardian: _____

Address (if different than above) _____
Street City/state/zip Telephone (home or cell) _____

Occupation _____ Employer _____ Telephone (work) _____

Educational levels completed (check all that apply) High school _____ 2-year college _____ 4-year college _____
School name School name School name

Graduate degree _____ Other _____ Parent e-mail address _____

Brothers and sisters _____
Name, age, school or college Name, age, school or college

_____ Name, age, school or college Name, age, school or college

_____ Name, age, school or college Name, age, school or college

List names of relatives and friends who attended or are attending Simpson:

_____ Name, relationship, years attended Name, relationship, years attended

_____ Name, relationship, years attended Name, relationship, years attended

Education Information

Please list all high schools attended:

Attendance dates:

_____	_____	_____	to	_____
Name	City/state	Month/year		Month/year
_____	_____	_____	to	_____
Name	City/state	Month/year		Month/year
Name of high school counselor _____		School telephone _____		
Check achievement tests taken	<input type="checkbox"/> ACT _____	Composite Score _____		
	<input type="checkbox"/> SAT _____	Composite Score _____		
	Date of test _____			
	Date of test _____			
Date of high school graduation _____	Are you currently attending high school and enrolled (or previously enrolled) in college-credit courses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Month/year _____			
Name of college _____	Credits earned _____	Attendance dates _____		
		Month/year _____		
Advanced placement courses <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of courses _____	Credits earned _____		

Transfer Students

Please complete if you have graduated from high school and are presently enrolled or previously enrolled at a college.

Are you presently enrolled at a college or university? Yes No

If yes, please list the college/university, dates of attendance and the number of credits earned:

_____	_____	_____	_____
College	Location	Attendance dates	Total credits earned
Have you previously been enrolled at a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, please list the college/university, dates of attendance and the number of credits earned. Please have an official transcript sent from each institution as soon as possible.

_____	_____	_____	_____
College	Location	Attendance dates	Total credits earned
_____	_____	_____	_____
College	Location	Attendance dates	Total credits earned
Are you earning an AA degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you earning an AS degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Phi Theta Kappa member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Honors and Activities

Indicate extracurricular activities in which you have participated:

- | | | | | |
|---------------------------------|---|---|-------------------------------------|---|
| <input type="checkbox"/> Band | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Writers' group | <input type="checkbox"/> Drill/Dance team | <input type="checkbox"/> Golf | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Baseball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Drama | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volunteer/Service activities |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Student government | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Wrestling |
| | | | <input type="checkbox"/> Swimming | <input type="checkbox"/> Others _____ |

Please list any academic or extracurricular recognition, honors or awards you have received (*Include leadership positions you have held*):

Check the college activities in which you would like to participate:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Vocal music | <input type="checkbox"/> Instrumental music - please list instrument(s) _____ | <input type="checkbox"/> Drill/dance team | | |
| <input type="checkbox"/> Theatre Simpson | <input type="checkbox"/> Pep Band | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Religious Life activities | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Student government | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> KSTM radio | <input type="checkbox"/> Greek Life | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Environmental/Sustainability Efforts | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Clubs/service organizations (<i>please specify</i>) _____ | |

Other Required Information

Have you ever been under any disciplinary action at any secondary school or college you have attended that resulted in your probation, suspension or expulsion from the institution or convicted for anything other than a traffic violation? Yes No

If you have answered yes, please attach a separate letter of explanation.

If after you have submitted this application, new circumstances alter your answer to this question, you must notify the office of admissions.

If I am admitted to Simpson College, I will abide by and uphold college rules and regulations to the best of my ability. I understand that failure to report accurate and complete information may result in an evaluation or withdrawal of the acceptance decision and that the \$200 enrollment deposit is nonrefundable after May 1 of the year in which I plan to enroll as indicated on this application. I also understand that all application materials, required academic information and recommendations become the property of Simpson College.

Signature _____ Date _____

COUNSELOR RECOMMENDATION/HIGH SCHOOL REPORT FORM

(First-year applicants only)

To the Applicant:

After completing the information below give this form to your high school counselor, principal or headmaster.

Legal student name _____
Last name First name Middle name
Mailing address _____
Street City/state/zip
High school _____

Transcript request form (to be signed by the applicant)

I authorize the appropriate officials at _____
(Name of high school)

to release to the Office of Admissions and Financial Assistance at Simpson College an official transcript of my academic record and test performance while a student at the above designated institution, as well as any other recommendations or information requested.

Student signature _____ Date _____

To the Secondary School Counselor:

The student listed above is applying for admission to Simpson College. This report is an important component of the evaluation process and we value your time and professional judgment of this applicant. Please complete both sides of this form to describe the applicant and attach an official transcript, including courses in progress. Be sure the transcript includes the latest class rank, grade point average and ACT and/or SAT results (including subscores). Please provide additional information that you feel might help the admissions committee in the evaluation of this student's potential and attach a school profile, if available.

The information provided on this form will not become part of the applicant's permanent file and will not be disclosed to the applicant.

Cumulative Grade Average and Rank in Class

This student ranks _____ in a class of _____.

This rank covers a period from _____ to _____.
Month/year Month/year

Applicant's Cumulative GPA: _____

If the transcript reflects a grading scale other than a traditional four-point scale, please indicate the numerical equivalent for each letter grade:

A=_____ B=_____ C=_____ D=_____ F=_____

Are advanced placement or honors courses offered? Yes No

Are grades in certain courses weighted? Yes No

If yes, what courses are weighted? _____

Curriculum

Date of graduation _____

Of this student's graduating class: _____% plan to attend a four-year college.

_____% plan to attend a two-year college.

Please list the student's 7th/8th semester courses if they do not appear on the transcript:

_____	_____
_____	_____
_____	_____
_____	_____

(Please continue on other side)

SIMPSON COLLEGE

