PASADENA CITY COLLEGE SCHOLARS PROGRAM APPLICATION

INSTRUCTIONS:

- 1. Please provide all the information asked for below completely, accurately and legibly.
- 2. Return this application to Harry Bloodgood, PCC Scholars Program Counselor, L bldg., 1570 E. Colorado Boulevard, Pasadena CA 91106.
- **NOTE:** This application is for the Scholars Program only. You must complete a separate application form and all regular admission procedures for enrollment to Pasadena City College.

Name: _				
	Last	First		Middle
Address	:			
	: No. & Street		A	pt. No.
	City	State	Zip Code	Home Phone Number
Social se	ecurity number or PCC II	O number:		
Email (p	rint legibly):			
Status:	New student	_ PCC co	ntinuing	
	Transfer from another co	llege		
	I am not currently enrolle	d at PCC but	intend to enroll	(semester)
	High school name:			
	Alpha Gamma Sigma Deans Honors Honors at Entrance			
Intendeo	1 major:			
Intendeo	transfer institution:			
Semeste	er/quarter I intend to trans	sfer:		
Semeste	ers completed at PCC:			
Semeste	ers/quarters completed a	t other college	es:	-
I am elig	ible to participate in the s	Scholars Pro	gram because (c	heck all that apply):
	3.0 from high schoo	bl		
	3.0 after 12 units tra	ansfer course	es at PCC	

(over please)

I understand that to successfully complete the Scholars Program I must:

- A. Complete a minimum of 18 units in the Scholars Program with a minimum grade of B in each Scholars course. Applicable Scholars Courses are published each semester in the *PCC Schedule of Classes*.
- B. Maintain an overall GPA of 3.0 (Note: Some institutions may require a higher GPA).
- C. Complete pre-major and admission requirements set by the transfer institution.
- D. Regularly check with the Scholars Director and the Scholars Counselor for Program updates and transfer information.
- E. Inform the Scholars Program Director or the Scholars Program Counselor that I have applied to a transfer institution with which PCC has a Scholars Program transfer agreement. (This step is crucial to ensure transfer priority agreement.)
- F. Complete the necessary Scholars Program certification forms required by each transfer institution. (The Scholars Program Counselor will provide these forms.)

I also authorize Pasadena City College to realize my name to participating transfer institutions.

Signature: _____

Date: _____

You will receive an email verification of this application. Please review that the email address you submitted is legible and accurate.

THE FOLLOWING INFORMATION IS FOR DEMOGRAPHIC PURPOSES AND IS OPTIONAL.

Birthdate:	/		/
	month	day	year

Ethnic background:

____ Native- American

_____ African-American

_____ Latino/Hispanic/Chicano

Gender: _____ male/female

___ Asian

Caucasian

_____ Filipino

_____ other