

Ricks Institute Application for Admission

(to be filled out by the Candidate; please write/print clearly)

Student Name _____ Last _____ First _____ Middle _____

Applying to Enter the 20 _____ [] Boarding [] Day

Present Grade: _____

Applying for what Grade? _____

Home Address: _____

Cell Phone: _____

Email _____

Date of Birth: _____

Place of Birth: _____

Present School Address of School _____

Country _____

School Phone: _____

Name of Your Principal: _____

Why do you want to attend Ricks and what do you hope to accomplish here? _____

What kind of activities would you participate in at Ricks? _____

In what academic area(s) would you like to improve? _____

In what academic area(s) do you excel? _____

Where do you see yourself having the most impact at Ricks and why?

Sports participation and experience (if applicable, indicate team position or event, team level and experience, awards): _____

What are your extracurricular activities, hobbies and special interests? _____

What unique experiences or qualities would you bring to the Ricks community? _____

What other extra activities are you involved with? _____

Other children in family attending Ricks:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Have any family members attended Ricks? If yes, please give their names, their relationship to you and years of attendance.

How did you learn about Ricks? _____

To be filled out by the candidate's parents

Mother's Name: last _____, first _____

Home Address: _____

Cell Phone: _____

Email: _____ Occupation _____

Father's Name: last _____, first _____

Home Address: _____

Cell Phone: _____

Email: _____ Occupation _____

What do you believe your son or daughter will contribute to this community? _____

What would you like to see your child participate in at Ricks? _____

What are your expectations of Ricks? _____

What are your child's personal strengths? _____

What are your child's personal weaknesses? _____

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

Has the candidate ever had any psychological or educational testing and evaluation? If yes, please describe. _____

Is there anything else that is important for us to know about your child to best meet his or her needs? _____

Has your child ever been dismissed or withdrawn from school for illness, misconduct, academic failure or the use of drugs? No Yes If yes, please explain. _____

For parents of boarding students only

Why are you considering boarding school? _____

How do you think your child will adapt to the challenges of living away from home? _____

Ricks Institute Personal Confidential Recommendation

Name of Candidate: _____

How long have you known the candidate? _____

In what context? _____

Please comment on the candidate's strengths and weaknesses and how these relate to his/her ability to perform in the essential areas of academic and extra- curricular activities. _____

What are your impressions of the candidate's character, values, goals, work ethic, and self esteem? _____

What else would you like us to know about this candidate? _____

Evaluator Information

Date_____

Relationship to Applicant:_____

Signature_____

Full Name_____

Phone_____

Address_____

Email_____