# State University System of Florida (SUS) Undergraduate Admission Application

## Admission Application Procedures (Please read in full.)

This is the form you will use for applying for undergraduate admission to any of the eleven universities in the State University System of Florida. All institutions within the State University System of Florida encourage admission applications from qualified students regardless of color, race, religion, national origin, gender, disability, veteran status, or marital status.

You are urged to submit your application on-line. You may do so by visiting any of the university web site addresses listed within this application. Please be sure to complete each item, as incomplete forms cannot be processed, and to type or print in black ink.

### 1. Application for Admission

Please attach your \$20 check or money order (U.S. currency; do not send cash), made payable to the university to which you are applying. Your application cannot be processed if it is omitted. This is a nonrefundable application fee.

*If* you wish to apply to more than one university, a separate application and fee will need to be submitted to each university along with the documents required. Address your application to the **Office of Admissions** for each university.

& Applications for admission will not be processed more than one year in advance of the date for which entrance is sought.

Z Please contact each university for deadlines and any other information which might facilitate the application process for you.

You will need to have a U.S. Social Security Number. This is your official student number. Contact your nearest U.S. Social Security Office to apply for a number, if necessary, before submitting this form. (All international students who are eligible to have a Social Security Number will need to have one.) The State University System of Florida operated a system of records prior to January 1, 1975, pursuant to regulations of the Florida Board of Regents that required the use of social security numbers. Therefore, each university may continue to require the disclosure of social security numbers by applicants and students under the Federal Privacy Act of 1974. This information was and currently is received from you for the purpose of identification and verification of student records, including registration, financial aid, and academic records and of verification of identity in connection with the provision of university services.

Please be sure to answer question 15 in the appropriate place on page 3; to read, sign and complete statement 21 on page 3; and to complete and sign the Florida Residency Statement on page 5.

**Talented Twenty Program:** If you graduate from a Florida public high school in the top 20% of your class, have taken the required 19 credits, and submitted an ACT or SAT test score you are guaranteed admission into the SUS, although not necessarily into the university of your choice.

### 2. Official Transcripts

The following transcripts must be sent to the Office of Admissions at the address of the university you check on page 4. Request that your current name and Social Security Number be added to the transcript if necessary. All transcripts and test scores become the sole property of the university.

If you are a beginning freshman or transfer applicant with less than 60 semester hours of transferable academic credit, ask your high school to forward your official secondary school record.

If you have attempted any coursework either as dual enrollment in high school or following high school, ask each school to forward an official transcript of your academic record. Transcripts must be mailed directly from the institution or forwarded electronically.

- Completers of high school by GED must provide an official copy of test scores (as well as a partial high school transcript).
- Transfer students who completed 2 years of the same foreign language in high school must submit official high school transcripts.

### 3. Admission Test Scores

It is your responsibility to make the necessary arrangements to take the appropriate tests. Contact your school counseling office.

ACT or SAT scores are required if you are seeking admission as a freshman or transfer with less than 60 semester hours of transferable academic credit. Have the official test scores forwarded directly to the university by the testing agency.

Transfer students seeking admission to State Approved Teacher Education programs should contact the university to which they are applying to determine if there are further criteria or test scores required for admission.

Applicants whose native language is not English may be required to take the Test of English as a Foreign Language and have their scores submitted by the Educational Testing Service.

### 4. Additional Information: Admission Consideration Based on Disability

Type or Print in Black Ink

| 1//<br>U.S. Social Security Number   | 2. For which term, in which year, do you seek admission?<br>August January May June     |  |  |  |   |   |                               |                                 |  |  |                   |
|--|---|--|--|--|---|---|-------------------------------|---------------------------------|--|--|-------------------|
| Last Name  | Jr., III, etc.  | <ul> <li>3. This application is for enrollment as:</li> <li>∞ First time in college freshman</li> <li>∞ Undergraduate transfer</li> <li>∞ Second bachelor's degree</li> <li>∞ Former degree-seeking student returning (no fee required)</li> </ul> |  |  |   |   |                               |                                 |  |  |                   |
| FirstName  |   |  |  |  |   |   |                               |                                 |  | red)   |                   |
| MiddleName   | ∠ Pointer degree seeming statement of the required) ∠ Other:                            |  |  |  |   |   |                               |                                 |  |  |                   |
| <b>4.</b> If your transcripts, test scores, etc. might arrive under any name(s) other than those listed above, enter here: <b>5.</b> Nation of Citizenship:  |   |  |  |  |   |   |                               |                                 |  |  |                   |
| 6. Date of birth://  | ent address. All correspondence will be mailed to this address.                         |  |  |  |   |   |                               |                                 |  |  |                   |
| 8. Z Male Z Female   | Street Address  |  |  |  |   | Apt.                                      | No.                           |                                 |  |  |                   |
| 9. Race/ National origin (please check<br>only one):<br>∞ American Indian or Native Alaskan  | City       County (or Province)       State/ Nation         (                           |  |  |  |   |   |                               |                                 |  |  |                   |
| ≪ Asian or Pacific Islander<br>≪ Black (not of Hispanic origin)  | ZipCode   |  |  |  |   |   |                               |                                 |  | ıber   |                   |
| <ul> <li>✓ Hispanic</li> <li>✓ White (not of Hispanic origin)</li> <li>(Each SUS institution is a recipient of federal</li> </ul>  | ()<br>Fax Number  |  | Ema                                      | ilAdd                                      | ress (i                                   | favail                                    | able)                         |                                 | Wor                                    | k Zip C                                      | Code              |
| dollars and is required by the federal gov-<br>ernment to solicit certain demographic in-<br>formation to meet federal reporting re-   | 10. In case of an emergency, indicate the person you request the university to contact: |  |  |  |   |   |                               |                                 |  |  |                   |
| quirements. Applicants are requested to<br>provide this information voluntarily. This<br>information will not be utilized in a discrimi-   | Last Name First Name M.I.   |  |  |  |   |   |                               |                                 |  |  |                   |
| natory manner.)<br>11. What is your planned major?   | Number and Street A   | ddress   |  |  |   |   |                               |                                 | Ap                                     | t. No.                                       |                   |
| College / school?  | City  |  | Stat                                     | e/Na                                       | tion                                      |   |                               | Zip Co                          | ode                                    |  |                   |
| 12. If you wish to request special admission consideration based upon a disability, please check here.   | ()_<br>Telephone Number   | ()<br>Daytim   | ie Tel                                   | ephor                                      | ne Nur                                    | nber                                      | Rela<br>∡ Fa<br>∡ O           | tionsh<br>ather<br>ther:        | ip: <i>&amp;</i><br><i>&amp;</i>       | Mothe<br>Legal (                             | r<br>Guardian<br> |
| 13. High School Graduation Date:<br>Mor  | nth Year H  | ligh School N  | ame                                      | Offic                                      | ial trar                                  | nscrip                                    | tmus                          | t be pr                         | ovideo                                 | 1.)  |                   |
| High School Code:<br>(A sk your counselor for the 6-digit CEEI   | ity   |  |  |  |   |   | Stat                          | e/ Nat                          | ion                                    |  |                   |
| ()<br>High School Area Code and Telephone I  | High School<br>Official copy o  | was<br>f test s  | comp                                     | leted b<br>and off                         | y GE<br>icial p                           | D, ent<br>artial I                        | er vea                        | r                               |  | t required.)                                 |                   |
| 14. An official transcript from each   | postsecondary school,   | college, or u  | unive                                    | ersity                                     | you h                                     | ave a                                     | attend                        | led m                           | ust be                                 | e provi                                      | ded.              |
| Please list in chronological order every postse<br>ment) you have attended or will attend prior<br>include schools even if you did not complete<br>attended previously. For multi-campus institu<br>Failure to list all institutions could result<br>your admission being rescinded. Use | g dual enroll-<br>v. (You must<br>versity if you<br>campus.<br>g denied or              | Enter<br>enrol<br>befor<br>socia   | r dates<br>Iment)<br>re atter<br>ate Deg | of atter<br>and de<br>nding th<br>grees, o | ndance<br>grees (<br>iis univ<br>certific | e (inclu<br>earned<br>versity.<br>ates, c | ding pro<br>or expo<br>Includ | esent<br>ected<br>e As-<br>mas. | Enter c<br>or exp<br>each ir<br>tended | redit earned<br>ected from<br>nstitution at- |                   |
| School Please do not abbreviate.   | City, State or Nation   | n  | $\mathbf{Fr}$                            | om   | ] ]                                       | Го  | Earne                         |                                 | pected                                 | Earned                                       | / Expected        |
| whom Thease up not appreviate.   | Ony, Diate of Mallo   |  | Mo.                                      | Yr.  | Mo.                                       | Yr.                                       | Туре                          | Mo.                             | Yr.                                    | number                                       | Unit Sem./ Qtr.   |
|  |   |  |  |  |   |   |                               | L                               |  |  |                   |
|  |   |  |  |  |   |   |                               |                                 |  |  |                   |
|  |   |  |  |  |   |   |                               |                                 |  |  |                   |
|  |   |  |  |  |   |   |                               |                                 |  |  |                   |

### Failure to answer these questions will delay processing of your application.

**15.** If your answer to any of the following is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings.

a. Z Yes Z No Are you currently or have you ever been, charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

**b.** A Yes No Have you ever been charged with a violation of the law which resulted in, or, if still pending, could result in, probation, community service, a jail sentence, the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)?

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to 15a or 15b, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission.

| <b>16.</b> If you have taken of Official records of all test   | scores   | must  | be provi  | ided.   |                               |                                   |                           |                             | and year.   | <b>17.</b> Have y foreign lar                           | nguage re     | oleted th<br>equirem     | ne SUS<br>ent?          |         |
|--|--|---|---|---|-------------------------------|-----------------------------------|---------------------------|-----------------------------|---|---|---------------|--------------------------|-------------------------|---------|
| Test   | 1stT<br>Mo.                                    |   | 2nd 7<br>Mo.  | lime<br>Yr.                                   | 3rd '<br>Mo.                  | Гіте<br>Yr.                       | 4th 7<br>Mo.              |                             |   | & Yes &&.   | ≪No           |                          |                         |         |
| ACT  |  | -   |   | 11.   | WIO.                          | 1r.                               | MO.                       | 1r.                         |   | If yes, whe   | ere?          |                          |                         |         |
| SAT  |  |   |   |   |                               |                                   |                           |                             |   | ⊯ High Scl  | hool æ        | Colleg                   | e                       |         |
|  |  |   |   |   |                               |                                   |                           |                             |   | If yes, plea  | se submi      | tapproi                  | oriate o                | fficial |
| TOEFL  |  |   |   |   |                               |                                   |                           |                             |   | If yes, please submit appropriate official transcripts. |               |                          |                         |         |
| CLAST  |  |   |   |   |                               |                                   |                           |                             | I   |   |               |                          |                         |         |
| <ul> <li>18. Present High School/</li> <li>a. If you are currently extra taking or expect to complex the second se</li></ul> | nrolled<br>mplete<br>ly enro<br><b>Which</b>   | in a hi<br>before<br>olled an<br><b>You A</b><br>urse | igh scho<br>e enterir<br>nd do no<br>re Now<br>Date ( | ng this<br>ot expe<br><b>Enroll</b><br>Course | unive<br>ct to c<br>ed<br>Cre | rsity. Us<br>omplete<br>edit Hrs. | se a sep<br>any co<br>Nai | oarate s<br>ourses, o<br>Co | heet if necessa<br>check here.<br><b>urses You Exp</b><br>astitution: | ery.<br><b>Dect to Comp</b>                             | plete Bef     | ore Ente                 | e <b>ring</b><br> Credi | tHrs.   |
|  | Ν  | Jo.   | Will I<br>Mo.   | End<br>Yr.                                    | (S                            | em./ Qtr.)                        |                           |                             |   | No.   | Will F<br>Mo. | und<br>Yr.               | (Sem./                  | Qtr.)   |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
|  |  |   |   |   |                               |                                   |                           |                             |   |   |               |                          |                         |         |
| <b>19. For Non-U.S. Citizer</b><br>City and Country of Birtl<br>What VISA do you prese<br>What VISA are you apply<br>Which institution issued<br>If a permanent immigram<br>of your Alien Registration   | n<br>ntly ho<br>ying fo<br>your la<br>t, enter | ld? &<br>r? &<br>st I-20°<br>r the al                 | F1 4  | 🗹 F2  | Z JI                          | ø.                                | 2 🖉                       | None                        | ∠ Other:<br>∠ Other:Did yo<br>j51 form:                               |   |               |                          | Mo.                     | Yr.     |
| <b>20.</b> Provide a history of y to entering this universit Activity  | our act<br>y (emp                              | ivities<br>oloyme                                     | since lea<br>ent, mili                                | aving h<br>tary se                            | igh scl<br>rvice, o           | hool. Lis<br>etc.). Us            | e a sep                   | arate sł                    | ally how you h<br>neet if necessa<br>ate or Nation                    | ave spent or<br>ry.                                     | F             | pend yo<br>'rom<br>. Yr. | urtime<br>To<br>Mo.     | )       |
|  |  |   |   |   | · · · · · · · · ·             |                                   |                           | · · · · · · · · · · · · ·   |   |   |               |                          |                         |         |

#### 21. Important. You must read and sign the following section in order to complete your application to this university.

I understand that this application is for admission to the university designated on page 4 and is valid only for the term indicated in item 2 on page 2. I also understand and agree that I will be bound by the university's regulations concerning application deadline dates and admission requirements. I further agree to the release of any transcript, student record, and test scores to this institution (including any SAT-I, SAT-II, and ACT score reports that this institution may request from the College Board or ACT).

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Regents and the rules and regulations of the university. Should any of the information I have given change prior to my enrollment at the university, I shall immediately notify the Office of Admissions.

I understand that the \$20 check or money order I submit with this application is a nonrefundable fee.

Date

| <b>State University System Application Addr</b><br>Please select one (1) State University System institution from th<br>money order for twenty dollars (\$20) payable to<br>If you wish to apply to another SUS institution, you must comp<br>submit an additional twenty dollar (\$20) application | e list below. Attach a check or\$20the selected institution.Application Feelete a separate application andHere  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| You are encourage   | d to apply on-line.   |  |  |  |  |  |
| Florida A&M University www.famu.edu<br>Tallahassee, FL 32307-3200<br>Personal statements <u>are required</u> for admission.   | <ul> <li>✓ University of Florida www.ufl.edu<br/>Box 2946, Gainesville, FL 32602-2946</li> <li>✓ University of Florida Early Decision<br/>Personal statements <u>are required</u> for admissions.<br/>One written recommendation required.</li> </ul> |  |  |  |  |  |
| Florida Atlantic University www.fau.edu<br>Boca Raton, FL 33431-0991<br>Personal statements are not required for admission.   | <ul> <li>University of North Florida<br/>Jacksonville, FL 32224-2659</li> <li>Personal statements are not required for admission.</li> </ul>  |  |  |  |  |  |
| FAU Honors College www.honorscollege.edu<br>Jupiter, FL 33458<br>Supplemental application materials <u>are required</u> .   | University of South Florida www.usf.edu<br>Tampa, FL 33620-6900<br>Personal statements are not required for admission.  |  |  |  |  |  |
| Florida Gulf Coast University www.fgcu.edu<br>Ft. Myers, FL 33965-6565<br>Personal statements are not required for admission.   | <ul> <li>New College of Florida<br/>Sarasota, FL 34243-2197</li> <li>Personal statements <u>are required</u> for admission.</li> </ul>  |  |  |  |  |  |
| Florida International University www.fiu.edu<br>Miami, FL 33199-0001<br>Personal statements are not required for admission.   | University of West Florida uwf.edu<br>Cashier's Office, Pensacola, FL 32514-5750<br>Personal statements are not required for admission.   |  |  |  |  |  |
| Florida State University www.admissions.fsu.edu<br>Box 5000, Tallahassee, FL 32314-5000<br>Personal statements <u>are required</u> for admission.   | If applicable, enter name of Center/ Branch/ Regional/ Area<br>Campus:<br>Have you previously submitted an application to this<br>university?  No  Yes TermYear   |  |  |  |  |  |
| <ul> <li>University of Central Florida www.ucf.edu</li> <li>P. O. Box 628286, L-2031</li> <li>Orlando, FL 32891-7059</li> <li>Personal statements are strongly recommended for admission.</li> </ul>  | Have you ever attended this university? 🗷 No 🖉 Yes<br>From to   |  |  |  |  |  |

### **Personal Statement** (for freshmen applicants only)

The personal statement is a very important part of your application. It assists the University in knowing you as an individual, independent of test scores and other objective data. We ask that you respond to two of the topics below. Your personal statement should be no longer than 250 words each or a total of 500 words for both personal statements. The best personal statements are not necessarily the longest ones.

1) Describe an activity, interest, experience, or achievement in your life (this could be a book, movie or an activity or experience at work, home or school) that has been particularly meaningful to you.

2) How has your family history, culture, or environment influenced who you are?

3) What qualities or unique characteristics do you possess that would allow you to contribute to the university community?

### Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve months. Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. Citizen, permanent resident alien, or legal alien granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Regents. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

#### Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification. Date: -

Signature in Ink: -

#### Florida Residents

This section must be completed **in full** if you claim Florida residency for tuition purposes.

#### Attach copies (if any) of documents required.

ZA notarized copy of your and/ or your parents' most recent tax return or other documentation may be requested to establish dependence/ independence.

Dependent: a person for whom 50% or more of his/ her support is provided by another as defined by the Internal Revenue Service. Independent: a person who provided more than 50% of his/ her own support.

∠A copy of marriage certificate is required in all cases of spouse claiming partner's residency.

- A. I am an independent person and have maintained legal residence in Florida for at least 12 months. Ľ
- B. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months. Ľ
- C. I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian, and my Ľ relative has maintained legal residence in Florida for at least 12 months. (Required: Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- D. I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: Copy of marriage certificate, claimant's voter registration, driver license and vehicle registration.)
- E. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my ø Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- F. According to the United States Immigration and Naturalization Service, I am a permanent resident alien or other legal alien granted Ľ indefinite stay and have maintained a domicile in Florida for at least 12 months. (Required: INS documentation and proof of Florida residency status.)
- G. I am a member of the armed services of the United States and I am stationed in Florida on active military duty pursuant to military Ľ orders, or whose home of record is Florida, or I am a member's spouse or dependent child. (Required: Copy of military orders or DD2058 showing home of record.)
- H. I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution Ľ of higher education, or I am the employee's spouse or dependent child. (Required: Copy of employment verification.)
- I. I am part of the Latin American/Caribbean Scholarship program. (Required: Copy of scholarship papers.) Ľ
- J. I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.240.551, F.S.). ø
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (Required: Copy of marriage certificate or proof of dependency.)
- I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or ø political subdivision for the purpose of job-related law enforcement or corrections training.
- M. I am a Southern Regional Education Board's Academic Common Market graduate student. (Required: Certification letter from ø State Coordinator.) Ľ

### N. I am a McKnight Fellowship recipient. (Required: Verification from graduate studies.)

🗷 🖉 O. I am an active member of Florida National Guard who qualifies under s.250.10 (7) and (8) for the tuition assistance program.

#### Person claiming residency must complete this section in full.

Z Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. All documentation is subject to verification.

Additional documentation other than what is required above may be requested in some cases.

| 1. Name of Student:                           | 2. Student's Social Security Number:/// |
|---|---|
| 3. Name of person claiming Florida residency: | 4. Claimant's relationship to student:  |
| 5. Claimant's permanent legal address:        | 6. Claimant's telephone number:()       |

|    | Street/ P.O. Box                       | Apt. No         | ).             | City       |    | State    | Zip Code |
|----|--|-----------------|----------------|------------|----|----------|----------|
| 7. | Date claimant began establishing le    | egal Florida re | sidence and do | omicile:// | _/ |          |          |
| 8. | Claimant's voter registration:         | State:          | Number:        | County:    |    | Issue Da | te://    |
| 9. | Claimant's <b>driver license</b> :     | State:          | Number:        |            |    | Issue Da | te://    |
| 10 | . Claimant's vehicle registration:     | State:          | Tag Number:_   |            |    | Issue Da | te://    |
| 11 | Non-U.S. Citizen only:                 | Resident Alie   | en Number:     |            |    | Issue Da | te://    |
|    | (Copy of both sides of card required.) |                 |                |            |    |          |          |

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to Rule 6C-7.005 F.A.C.

Revised 4/15/2002

| 1. Please circle your housing preference:<br>on-campus (if available) off-campus<br>(Separate application required)   | 2. Are you a veteran of the U.S. Military? Yes No   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| <ul> <li>If your native language is other than English, how many years have you studied and spoken English?</li> <li>Language: years spoken:</li> <li>Language: years spoken:</li> </ul>  | <ul> <li>Names of your immediate family who have attended this university:         <ul> <li>Name:</li> <li>Relationship:</li> <li></li></ul></li></ul>  |  |  |  |  |  |
| 5. Have you ever participated in any programs or activities to<br>Outreach, Talent Search, Upward Bound, Junior Achiever  |   |  |  |  |  |  |
| <ul> <li>6. Extracurricular, personal and volunteer activities: (you ma a. Extracurricular activities: list your organization(s), position</li> <li>b. Community service work: list the type of work, your r</li> <li>c. Talents and awards: list each, a description, the level</li> </ul> | y attach additional sheets if necessary)<br>, description of the activity and hours per week of involvement.<br>ole and hours per week of involvement.<br>and number of years of involvement.   |  |  |  |  |  |
| <ul> <li>d. Employment: list the job, title, description, hours per variable.</li> <li>7. Do you believe that you meet, or will meet, the criteria stip</li> <li><i>The information requested below is optional, but it may assist encouraged to respond to these questions.</i></li> </ul> | oulated on page one for being a Talented Twenty designee?   |  |  |  |  |  |
| Please indicate the highest level of your parent's or legal guardian's educational background:         Father/ legal guardian:         High School         College         Other  | Please indicate, for the most recent tax year, your family's<br>gross income. Include both untaxed and taxed income.<br>Less than \$20,000<br>\$20,000-\$39,000<br>\$40,000-\$59,000<br>\$60,000-\$79,000<br>more than \$80,000   |  |  |  |  |  |
| Mother/ legal guardian:         None       Some       Diploma/ Degree         High School   | <ul> <li>Do you have family obligations that keep you from participating in extracurricular activities?</li> <li>Yes: No: <ul> <li>a. I have to work to supplement family income. Please describe:</li> </ul> </li> <li>b. I provide primary care for family member(s). Please describe:</li> </ul> |  |  |  |  |  |
| Parent/ legal guardian occupation:<br>father: mother:   | c: Other<br>Please describe:  |  |  |  |  |  |