SCHOLARS PROGRAM

Student General Information

Name: ___________________________  ___________________________  ___________________________
   Last                     First                     Middle

Mailing Address: ___________________________  ___________________________  ___________________________  ___________________________
   Street or P.O. Box                     City                     State       Zip Code

Phone #: ___________________________  Email: ___________________________

Date of Birth: ___________________________  Social Security #: ___________________________

Gender:   ( ) Male       ( ) Female

Ethnicity:   ( ) American Indian     ( ) Asian     ( ) Black     ( ) Hispanic     ( ) White
   ( ) Other ___________________________

Citizenship:   ( ) U.S. Citizen    ( ) Permanent Resident   ( ) Other ___________________________

Student's Marital Status:   ( ) Single    ( ) Married   ( ) Divorced   ( ) Separated

Number of Siblings: _______  Number of Siblings in College: _______

Birth Order:   ( ) Eldest    ( ) Second    ( ) Third    ( ) Other ___________________________

Parent/Guardian Information

Names of Parent(s) or Guardian(s): ___________________________

Mailing Address & Phone (if different from above): ___________________________

Number in Family: _______  Number of children: _______

Number of Children in school: _______  Number of Children in college: _______

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Highest Grade completed by Father: ____________________  Mother: ____________________

Has either parent graduated from a college/university?  ( ) Yes  ( ) No

Occupation: ____________________  ____________________

Father  Mother

Are parents separated or divorced?  ( ) Yes  ( ) No

__________________________________________________________  

School Information

Name of School Presently Attending: ________________________________________________________

Year in School:  ( ) Freshman  ( ) Sophomore  ( ) Junior  ( ) Senior

Current G.P.A (on a 4.0 scale): __________________________________________________________________

Counselor's Name: _________________________________________________________________________

By general subject area, please indicate your interests by ranking them (check as many as you wish):

________ English (including Literature and Composition)
________ Mathematics
________ Political Science
________ Sociology
________ Fine Arts
________ Engineering
________ Economics
________ Psychology
________ Computer Programming
________ Biology
________ Chemistry
________ Physics
________ Other (specify)

What major are you planning to pursue in college? ____________________________________________

Are you employed?  ( ) Yes  ( ) No  If so, name of employer? ________________________________

The above information is true to the best of my knowledge

__________________________________________________________  ________________  

Student's Signature  Date