



Student Application

STUDENT INFORMATION

First Name:		Last Name:	
Address:		City:	State: Zip:
Student Cell Number: <input type="checkbox"/> Call <input type="checkbox"/> Text		Parent Number: <input type="checkbox"/> Call <input type="checkbox"/> Text	
Student Email:		Parent Email:	
Date of Birth: ____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Race (Check all that apply): <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other:	Ethnicity (Check all that apply): <input type="checkbox"/> Dominican <input type="checkbox"/> Haitian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other:
Social Security Number / Alien Registration Number:		_____	_____
Place of Birth (City, State, Country):			

ACADEMIC AND EXTRACURRICULAR INFORMATION

High School:		School Counselor:	
Do you have a documented learning or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you in an English as a Second Language (ESL) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Extracurricular activities (Include clubs, sports, jobs, church groups, youth organizations etc.):			
Position	Activity	Hours Per Week	
Hobbies, Talents, Special Interests, Unique Experiences:			

FAMILY INFORMATION

Parent / Guardian 1	First and Last Name:		Relationship to student:
	Phone Number:		Email Address:
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed	Highest Level of Education Completed: <input type="checkbox"/> Less than High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School / GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	College Attended (if applicable): Job Title / Occupation:

Parent / Guardian 2	First and Last Name:		Relationship to student:
	Phone Number:		Email Address:
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed	Highest Level of Education Completed: <input type="checkbox"/> Less than High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School / GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	College Attended (if applicable): Job Title / Occupation:

Members of student's household

List everyone who lives with you, as well as any older siblings who no longer live at home:

First and Last Name	Relationship to Student	Age	School/Job Title
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First and Last Name	Relationship to Student	Age	School/Job Title

Languages Spoken at Home:

- English
 English and Spanish
 Spanish
 Other:

SIGNATURE OF AGREEMENT

Should I be accepted into Higher Edge, I understand that it is a commitment that both my parents and myself must make. By signing below, I agree to show constant dedication and hard work in my pursuit of college.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE



Applicant Name: _____

ESSAY RESPONSE

Please choose ONE of the prompts below and write an essay in response.

(Your essay can be either hand-written or typed. There is no word limit.)

Describe a time when you were brave.

OR

Tell us what makes you unique.