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HMHS Carlelin University Application for Admission

College Name _____

- Regular Decision I
- Regular Decision II
- Restrictive Early Action
- Early Decision I
- Early Decision II
- Early Action

I am applying for the term beginning _____

Possible Major _____

Possible Career Plans _____

PAYMENT INFORMATION

Are you planning to apply for a counselor approved fee waiver? Yes No Are you applying for financial aid? Yes No

If you are applying for financial aid, when did/will you file the appropriate form(s) (FAFSA, CSS Profile, etc.)? _____

PERSONAL INFORMATION

Please enter your name as it appears on your passport or other official documents.

Legal Name _____ Date of Birth _____
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Legal Sex: Male Gender Identity (optional): Man Woman Social Security Number (optional) _____
 Female Self Identify _____
(###-##-####)

Preferred Name _____ Previous Last Name(s), if any _____

Email _____ Marital Status _____
(single, married, etc.)

PERMANENT ADDRESS

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip/Postal Code

Phone _____ Alternate Phone _____
Begin with Area or Country Code Begin with Area or Country Code

Please give your current address for all admission correspondence, if different from above.

CURRENT MAILING ADDRESS

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip/Postal Code

Current Mailing Address Phone _____ Current mailing address valid from _____ to _____
Begin with Area or Country Code (mm/dd/yyyy) (mm/dd/yyyy)

CITIZENSHIP

Place of Birth _____
City/Town State/Province Country

US Citizen Dual US citizen; please specify other country of citizenship _____

US permanent resident visa; citizen of _____ Alien registration number _____

Other Citizenship _____
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? _____

If not English, language spoken in your home _____ If not English, list your first language _____



ETHNICITY

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino? Yes No (country of family's origin _____)

How would you describe your racial background? (select one or more of the following categories):

- Asian (country of family's origin _____)
- Black or African American
- American Indian or Alaska Native (enrolled _____
Tribal affiliation _____)
- Native Hawaiian or Other Pacific Islander
- White

FAMILY INFORMATION

PARENT/GUARDIAN #1

Parent Guardian _____
Title Last (Family) First Middle Suffix

Male Female Living? Yes No (Date Deceased _____)
(mm/yyyy)

If different from yours
Address _____

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip / Postal Code

Phone _____ Begin with Area or Country Code Email _____

Profession _____ Position _____

Employer _____

College Attended (if any) _____ Degree Earned _____ Year _____

Graduate School Attended (if any) _____ Highest Degree Earned _____ Year _____

PARENT/GUARDIAN #2

Parent Guardian _____
Title Last (Family) First Middle Suffix

Male Female Living? Yes No (Date Deceased _____)
(mm/yyyy)

If different from yours
Address _____

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip / Postal Code

Phone _____ Begin with Area or Country Code Email _____

Profession _____ Position _____

Employer _____

College Attended (if any) _____ Degree Earned _____ Year _____

Graduate School Attended (if any) _____ Highest Degree Earned _____ Year _____

Your parents are _____ (married, divorced, etc.) If divorced, list date _____ (mm/yyyy)

With whom do you reside? Both Parent/Guardian#1 Parent/Guardian#2 Other (Explain) _____



ACADEMIC INFORMATION

School _____ CEEB Code _____

Type of school: Public Private Correspondence Charter Parochial Home School Other/Education Provider

School Address _____
Number and Street

City/Town _____ State/Province _____ Country _____ Zip/Postal Code _____

Start Date _____ (mm/yyyy) Date of Graduation _____ (mm/yyyy)

Counselor's Name _____ Phone _____
Begin with Area or Country Code

Counselor's Email _____ Fax _____
Begin with Area or Country Code

Are you currently enrolled in school? Yes No Will/did you graduate from High School early? Yes No

Did you receive a GED? Yes No If so, list date: _____ (mm/yyyy) (Please send official scores from testing agency)

If your education has been interrupted, please detail your activities since last enrolled. Please attach your response to the end of the application.

CURRENT YEAR'S COURSES

Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.

OTHER HIGH SCHOOLS

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGES/UNIVERSITIES

School Name	CEEB Code	Dates Attended	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



PERSONAL STATEMENT

Please write an essay (650 words or fewer) that demonstrates your ability to develop and communicate your thoughts. Some ideas include: a person you admire; a life changing experience; or your viewpoint on a particular current event. Please attach your response to the end of your application.

STANDARDIZED TEST INFORMATION

List your test scores below. You must have the testing agency send official scores to each institution to which you are applying.

SAT Reasoning

Test Date	Verbal/ Critical Reading	Math	Writing

Test Date	Verbal/ Critical Reading	Math	Writing

SAT Subject

Test Date	Subject	Score

Test Date	Subject	Score

ACT

Test Date	English	Math	Reading	Science	Composite	Combination English/Writing Writing Subject Score

Test of English as a Foreign Language (TOEFL or other exam)

Test Date	Subject	Score	Test Date	Subject	Score

ACADEMIC DISTINCTIONS

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society). Please attach your response to the end of the application.

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AUTHORIZATION

Your signature below

1. authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.
2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant _____

Date _____