

University of La Verne Master's Academy



Student Application Winter 2011

Please Print

Section I: *Student Data*

Student Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

School Name _____ City _____ Grade Level _____

SAT/ACT (date taken or to be taken) _____

Best Subject? _____ Worst Subject? _____

Do you need tutoring? Yes ___ No ___ If yes, what subject(s)? _____

Top 3 College Choices?

_(1) _____ (2) _____ (3) _____

Intended Major? _____ Hobbies _____

Please list any academic, community service or other activities in which you have been involved. Note any special awards or recognition.

What are your questions and/or main issues of concern regarding higher education? (**please write legibly**)

- 1) _____
- 2) _____
- 3) _____

Section II: Family Data

Father's Name: _____
E-Mail Address: _____

Phone Number: () _____
Alt. Number: () _____
(work, cell, pager)

Mother's Name: _____
E-Mail Address: _____

Phone Number: () _____
Alt. Number: () _____
(work, cell, pager)

Father's Occupation: _____

Mother's Occupation: _____

Number of School-aged Children in Household? _____

Names/Ages School-aged Children	Age	Grade	School Name
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Please Circle all that apply:

Please note that the following information is optional and will be used for statistical and follow-up purposes only. All information will be held **strictly confidential**.

Family Income: (1) \$0-25,000 (2) \$26,000-50,000 (3) \$51,000-75,000 (4) \$76,000+

Ethnicity: (1) African American (2) Mexican-American/Chicano (3) Latino
(4) American Indian (5) White/Caucasian (6) Asian American
(7) Pacific Islander (8) Other _____

Parents' Highest Level of Formal Education:

Father

(1) No High School (2) Some High School (3) High School Graduate (4) Some College /University (5) 2 Yr. College Graduate (6) 4 Yr. College/University Graduate (7) Post- Graduate Study

Mother

(1) No High School (2) Some High School (3) High School Graduate (4) Some College /University (5) 2 Yr. College Graduate (6) 4 Yr. College/University Graduate (7) Post- Graduate Study

I/we understand that the University of La Verne Master's Academy hosted by Antioch Missionary Baptist Church 2343 N. San Antonio Ave. Pomona, CA 91766 is a co-curricular academic enhancement program. I/we understand and give permission for program administrators and college representatives to share personal and academic information about my child and family for the sole purpose of preparing and counseling my child for college. I/we further understand that review/evaluation of academic information by the University of La Verne admission officer or professionals from any other participating college **does not guarantee** admission to said colleges/universities and **ALL INFORMATION IS STRICTLY CONFIDENTIAL**.

I/we permit _____ to participate in the University of La Verne Master's Academy Program every Saturday, January 22– February 26, 2011 at Antioch Missionary Baptist Church. ***Juniors only will take a diagnostic test Saturday January 15, 2011 from 9:00 am - 1:30 pm.** I/we commit to ensuring that my student will **attend and arrive promptly to all sessions** and take full responsibility for my student's behavior while on church premises. I/we agree that a parent is required to participate in the program and will be notified of workshops specifically designed for them. I/we agree to permit the use of our image (photo &/or video) for future publication, documentation or advertisement of the Master's Academy.

All Checks should be made payable to: CUSH (in memo section write: for Master's Academy & student name). Payment and application is due no later than January 7th. See Director for special arrangements.

Student Signature _____

Parent Signature _____

Date _____