



Date of Birth _____ **Sex** Male | Female
(CIRCLE ONE) **Country of Citizenship** _____

Race: Amer. Ind. Asian Black Caucasian Hisp. Island 2+Race Other _____

Full Name _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Social Security Number _____

Permanent Address _____

City _____ **State** _____ **Zip** _____ **Email** _____

Name of Parent(s) or Guardian(s) _____

Home Phone _____ **Mom/Dad/Student Cell** _____

Session Currently Attending: CO1 CO2 CO3 CO4 CO5 CO6 CO7 CO8 TN WI

As of this Fall, I am a: High School Student | College Student
(CIRCLE ONE)

As of this Fall, I am a: FR | SO | JR | SR | Other
(CIRCLE ONE)

Credit Hours Attempting: 2 credit hours (\$250 non-refundable) 3 credit hours (\$350 non-refundable)

Please choose one of the following transcript options: Hold my transcript until I contact you Send my transcript to:

Name of Institution _____ Office/Department _____

Permanent Address _____

City _____ State _____ Zip _____

Please choose one of the following methods of payment:

- Check or money order (make payable to Summit Ministries and attach to application)
- Visa Master Card Discover American Express

CC Number _____ Exp. Date _____ Sec. Code _____

Name on CC _____ Billing Address _____

City _____ State _____ Zip _____

Student Signature _____ **Date** _____

(FOR OFFICE USE ONLY)	Application Rec'd _____	Dep \$ _____
College Credit \$ _____	Check # _____	Date _____