

Summer Academy Application 2019

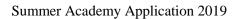
College of Saint Mary Office of Multicultural Initiatives 7000 Mercy Road

Omaha, NE 68106

Thank you for applying! The College of Saint Mary does not share any application information with outside agencies. Some information presented in this application will be used to inform students about scholarship opportunities, college admissions processes, and other relevant information needed to gain access into a college or university.

STUDENT INFORMATION

Student's First Name: Student's Last Name:		
Address (Number and Street)	Apartment #(if applicable):	
City: State:	_ ZipCode:	
Student's Email Address:		
Student's Cell Phone Number:		
Student's Date of Birth (mm/dd/yyyy):		
Student's Race or Ethnic Heritage (Check all that apply):		
 ☐ Hispanic/Latino ☐ Black/African American ☐ American Indian/ Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ White 		
Do you participate in the reduced/free lunch program?	∕es □ No	
Does the student have any physical limitations? \square Yes \square	No	
*If yes, please describe any accommodations the student n	nay require:	
Current school student's attending:		
Student's Current Grade: □9 th Grade □10 th Grade Stud	ent's Anticipated Year of High School Graduation:_	
Student's Current Unweighted Grade Point Average:		
Has the student taken Algebra & received high school cred	lit for it? □ Yes □ No	





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FAMILY INFORMATION

With whom does the student live:	(Check all that appl	ly)	
☐ Father ☐ V	Vard of State		
☐ Mother ☐ C	Other		
☐ Legal Guardian			
Primary Parent/ Legal Guardian In	nformation:		
First Name:		Last Name:	
Relationship to Student:			
Address (Number and Street)			Apartment #(if applicable):
City:	State:	ZipCode:	
Email Address:			
Home Phone:		Cell Phone:	
Place of Employment (Primary Pa	rent/Legal Guardiar	n):	
Educational Attainment (Primary l	Parent/Legal Guard	ian):□ Less than High sch	nool Diploma/GED
	☐ Some	e College Bachelor's D	egree Graduate Degree
Does the Applicant have a secondary	ary parent or legal g	guardian? 🗆 Yes 🗆 No	
Primary Parent/ Legal Guardian In	iformation:		
First Name:		Last Name:	
Relationship to Student:			
Address (Number and Street)			Apartment #(if applicable):
City:	State:	ZipCode:	
Email Address:			
Home Phone:		Cell Phone:	
Place of Employment (Primary Pa	rent/Legal Guardiar	n):	



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Educational Attainment (Primary Parent/Legal Guardian): Less than High school Diploma/GED			
	\square Some College \square Bachelor's Degree \square Graduate Degree		
TRANSCRIPT			
	Please attach a copy of your most recent high school transcript		

ESSAY

CSM is always working to create meaningful experiences for students. Your essay will help us respond to your hopes and needs.

Write an essay that includes answers to the following three questions listed below. Answers should be between 300-500 words in length for each question. (Maximum 1,500 words total). Please include your name at the top of each page of your essay.

- 1. Tell us about yourself
- 2. What are your goals after graduation
- 3. How do you see the Academy playing a role in your future goals

Registration Fee: \$25.00





Application Checklist

Completed Application
Completed Essay (Your essay response will help us address your college and career hopes and dreams.)
Transcript (Please include your most recent transcript. If you do not have a transcript, you may upload a mid-term or interim report card.)