

WASHINGTON AND LEE
UNIVERSITY

218 W. Washington Street
Lexington, Virginia 24450-2116

Application for Admission into Washington and Lee University's

PART I: SUMMER SCHOLARS PROGRAM

Please complete and return this application (Parts I and II (optional Part III) no later than May 30 (April 15 for international students). Since applications are reviewed on a rolling admissions basis, students should apply as soon as possible. Send the application to: Mimi Milner Elrod, Ph.D., Director of Summer Scholars, Washington and Lee University, 218 W. Washington Street—Hill House, Lexington, VA 24450-2116. Attach the SECONDARY SCHOOL RECOMMENDATION FORM (Part II) to your SECONDARY SCHOOL TRANSCRIPT and A SCHOOL PROFILE and mail directly to Dr. Elrod. Please note that you may also apply online at http://summerscholars.wlu.edu/application1.htm.

YOUR INFORMATION

Last Name First Name Middle Name Suffix
Preferred First Name Gender Male Female Social Security Number Date of Birth
Permanent Home Address Apt. #
City State or Territory ZIP/Postal Code Country
Home Telephone E-Mail Address

If your mailing address is different from your permanent address, please enter it below.

Mailing Address Apt. #
City State or Territory ZIP/Postal Code Country

ETHNICITY (optional)

African American, Black
American Indian, Alaskan Native
Asian American
Asian, including Indian subcontinent
Hispanic, Latino
Mexican American, Chicano
Native Hawaiian, Pacific Islander
Puerto Rican
White or Caucasian
Other
Country of family's origin:
Country:
Please specify:

CITIZENSHIP STATUS

City of Birth State/Territory of Birth Country of Birth (if not U.S.) First Language (if other than English)
U.S. Citizen
Dual U.S. Citizen-International Citizen
Permanent U.S. Resident Visa
Foreign Citizenship
Please specify country. How long have you lived in the U.S. (if applicable)?
Please Specify Country. How Long have you lived in the U.S.?
Please Specify Country. Visa Type How Long have you lived in the U.S.?

YOUR FAMILY INFORMATION

If not with both parents, with whom do you make your permanent home? Father Mother Other (please specify) _____

My parents are/were Divorced Married Never Married Separated

FATHER

_____ Is he living? Yes No
Full Name

_____ Mailing Address (if different from yours) Apt. # City State or Territory Zip/Postal Code Country

_____ Daytime Telephone E-mail Address Occupation Name of Organization

MOTHER

_____ Is she living? Yes No
Full Name

_____ Mailing Address (if different from yours) Apt. # City State or Territory Zip/Postal Code Country

_____ Daytime Telephone E-mail Address Occupation Name of Organization

SIBLINGS

Please list your siblings, including their college history.

_____ Name Age

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

_____ Name Age

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

_____ Name Age

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

RELATIVES

Please list any relatives who have attended Washington and Lee.

_____ Name Relationship

_____ Degree Year of Graduation

_____ Name Relationship

_____ Degree Year of Graduation

_____ Name Relationship

_____ Degree Year of Graduation

SECONDARY SCHOOL INFORMATION

1. _____
Name of School Mr.
Mrs.
Ms.
Dr. Guidance Counselor's Full Name

2. _____
School Street Address

3. _____
City State Zip Code Country

4. _____
School Telephone Number Dates of Attendance Yes No
I am a Boarding Student

5. Please record your Standardized Test Scores:

Date	PSAT			SAT I			ACT				
	Critical Reading	Math	Writing	Critical Reading	Math	Writing	Composite Score	English	Math	Reading	Writing Subscore

EXTRACURRICULAR AND PERSONAL ACTIVITIES

Please list your principal extracurricular activities, hobbies, varsity letters earned, etc.

Activity	Grade Level at Year of Participation			Approximate Number of Hours Per Week	Positions Held or Honors Won
	9	10	11		

Honors and Activities

List scholastic distinctions or honors you have won in secondary school.

CURRICULUM PREFERENCES

Please indicate by number in the spaces provided your first, second, and third choices among the curricula.

- | | | |
|---------------------------|-------------------------|---------------------|
| 1. Business and Economics | 4. Law and Society | First Choice _____ |
| 2. Humanities and Culture | 5. Politics | Second Choice _____ |
| 3. Journalism | 6. Science and Medicine | Third Choice _____ |

Additional Information

Have you ever been convicted of any honor violation, been placed on probation, been suspended or dismissed from any school, or had court convictions (other than parking violations)? Yes No
 If yes, please give a full explanation on an attached sheet.

The statements contained in this application are complete and accurate to the best of my knowledge, and I understand that any false or misleading statements made in this application constitute grounds for dismissal at the option of the University.

 Signature of Applicant

 Date

Parent's or Guardian's Consent: As the (parent, guardian), I certify that my (son, daughter, ward) has my permission to participate in this program for secondary school students. It is my understanding that (he, she) will be subject to the regulations of the program. I understand that, should a health emergency arise, I will be notified, but that if I cannot be reached by telephone such treatment as deemed necessary by competent medical personnel is authorized.

 Signature of Parent or Guardian

 Date

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PART II: SECONDARY SCHOOL RECOMMENDATION

TO THE APPLICANT: Fill in the first four lines below. Then give this form (Part II only) to your principal, headmaster, college advisor, or teacher for him/her to complete and mail. (Please Print or Type)

Name of Applicant	Last	First	Middle		
Applicant's Home Address	Street	City	State	Zip Code	Country
<input type="checkbox"/> Public <input type="checkbox"/> Private					
School Name					
School Address	Street	City	State	Zip Code	Country

TO THE PRINCIPAL, HEADMASTER, COLLEGE ADVISOR, OR TEACHER:

After filling in the lines below, use this form to describe the applicant. Then attach the secondary school records (including the first semester grades from the 11th grade) and your school profile to this recommendation. Please be sure that any PSAT, SAT I or ACT scores are included. You may send us any legible record the schools currently use. ***Applications are reviewed on a rolling admissions basis, and students should apply as soon as possible.*** Send all information to:

Mimi Milner Elrod, Ph.D. Director of Summer Scholars Washington and Lee University 218 W. Washington Street, Hill House Lexington, VA 24450-2116	Phone: (540) 458-8727, (540) 458-8722 Fax: (540) 458-8113 E-mail: summerscholars@wlu.edu
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Washington and Lee does not retain statements of recommendation after Summer Scholars admissions decisions are made. Your comments will be held in strict confidence; therefore, we ask that you complete this form as fully as possible. Please be advised that failure to complete all sections may adversely affect the applicant's chances of admission.

Mr.
Mrs.
Ms.
Dr.

Full name of person completing this form	Position	
Signature		
Your Office Telephone	Your E-mail	
School Telephone Number	Guidance Office Telephone Number	School/Office Fax Number

This applicant ranks _____ in a class of _____ students and will graduate in _____.
If your school does not rank or a precise rank is not available, please indicate rank to the nearest tenth from the top.
The rank covers a period from _____ to _____.
Of this applicant's graduating class, _____ percent plan to attend a four-year college.
How long have you known the applicant? _____
In what context(s) have you known the applicant? _____

Do you have any reason to doubt this student's honesty or to think that he or she would find it difficult to work under an honor system? _____ If so, please explain on back.

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PART III: SUMMER SCHOLARS FINANCIAL AID FORM*

Please complete Part III only if you wish to be considered for financial aid.

STUDENT INFORMATION

1. Student's Name: _____
First Middle Last Social Security Number
2. Details of Student Assets Current Value Source (e.g. parents' savings, gifts from other relatives, earnings, etc.)
- | | | |
|----------------------------------|----------|-------|
| Cash and Savings | \$ _____ | _____ |
| Uniform Gifts to Minors | \$ _____ | _____ |
| Stocks, Bonds, CD's, Investments | \$ _____ | _____ |
| Trusts | \$ _____ | _____ |

FAMILY INFORMATION

1. Mother's/Guardian's name: _____
First Middle Last Age
- Address: _____
Street City State Zip Country
- _____ *Home Telephone* *Work Telephone* *Social Security Number* *Occupation*

2. Father's/Guardian's name: _____
First Middle Last Age
- Address: _____
Street City State Zip Country
- _____ *Home Telephone* *Work Telephone* *Social Security Number* *Occupation*

3. Parents' current marital status (mark only one box)
- A. Single Married Separated Divorced Widowed
- B. For Divorced, Separated, or Remarried Parents
- a. Year of separation _____
- b. Other parent's name _____
- c. Address _____
- d. Occupation/Employer _____
- e. Who claimed student as a tax exemption in 2007? _____
- f. According to court order, when will support for student end? _____
- g. Is there an agreement specifying a contribution for student's education?
 Yes No How much? _____

4. Income
- | | Mother/Stepmother/Guardian | Father/Stepfather/Guardian |
|--------------------|----------------------------|----------------------------|
| A. Salary/Wages | _____ | _____ |
| a. Interest Income | _____ | _____ |
| B. Dividend Income | _____ | _____ |
| a. Business | _____ | _____ |
| b. Rent | _____ | _____ |

* A limited amount of financial aid is available.

5. Asset Information

A. Details of Assets

What is it worth today?

What is owed?

- a. Cash and savings \$ _____
- b. Home (Renters write '0') \$ _____
- c. Other real estate investments \$ _____
- d. Business or Farm \$ _____

6. Family Information

List all those in your household and dependent upon (i.e., supported by) your parent(s) in 2007-2008. Include yourself, your parent(s), your brothers and sisters, and other relatives.

Name	Age	Name of School/College '08-'09	Year in School/College '08-'09	Total Scholarships/Grants '08-'09 Income*	Parents' Contrib.	Full-time '08-'09	Live at School/College '08-'09
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

* For all household members over age 18 and not in college please provide annual income.

7. Please list your household's owned/operated motor vehicles (indicate if employer owned).

Make/Model/Year	Purchase/Lease Price	Purchase date	Primary Operator
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Special Circumstances - Please use the space below to explain circumstances which would affect your financial situation, e.g., special divorce arrangements, unusual medical expenses, other educational expenses, loss of employment, or older relative in home.

9. Total amount of money you can contribute toward attending Summer Scholars. (Include parents' and other relatives' support and amounts available from savings, etc). \$ _____.

10. Can you attend Summer Scholars without our assistance? Yes No

11. Please sign below certifying that the information above is true and complete to the best of your knowledge.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

All information submitted with this application will be kept in strict confidence by Washington and Lee University.

Mail this form to: Dr. Mimi Milner Elrod, Ph.D.
 Director of Summer Scholars
 Washington and Lee University
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