

# Dickinson

## Discover Diversity at Dickinson Application

Submit via e-mail to [yubelong@dickinson.edu](mailto:yubelong@dickinson.edu) or fax to 717-245-1442

*Due Date: October 3, 2016*

*Please print clearly*

Name: \_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Additional information regarding your sex or gender identity:

--

Citizenship: *(please check one)* U.S. Citizen \_\_\_ U.S. Permanent Resident \_\_\_ Non-Resident \_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**High School Information**

High School/State: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Guidance Counselor Name:

\_\_\_\_\_

Guidance Counselor Phone Number: \_\_\_\_\_

Guidance Counselor Email:

\_\_\_\_\_

**Organization Information (if applicable)**

Organization Name: \_\_\_\_\_

Organization Counselor Phone Number: \_\_\_\_\_

Organization Counselor Email:

\_\_\_\_\_

**Academic Information**

GPA: \_\_\_\_\_ Class Rank (if applicable):

Standardized Test Scores: SAT (CR/MA/WR): \_\_\_\_/\_\_\_\_/\_\_\_\_ ACT Composite: \_\_\_\_

*Please include a copy of your high school transcript and senior year courses.*

List any college-prep or community-based organizations in which you participate:

\_\_\_\_\_

\_\_\_\_\_

List any club and activities in which you are involved:

\_\_\_\_\_

\_\_\_\_\_

A limited number of travel grants will be available to reimburse students' expenses.

Will you be seeking reimbursement for travel expenses? Yes\_\_\_ No\_\_\_

**Short Answer/Essay (required)**

Why would you like to attend Discover Diversity at Dickinson? What is it about Dickinson that you would like to explore?

---

Student Signature

Date

---

Parent Signature

Date

---

Counselor Signature

Date