

APPLICANT INFORMATION FORM

Full name: _____

Address: _____

Phone: Home: _____ **Cell:** _____

Date of Birth: ___/___/___ **Graduation Date:** ___/___/___

Email Address: _____

Pronouns: _____

Race/Ethnicity: American Indian/Alaska Native
 African American Hispanic/Latino
 Native Hawaiian/Pacific Islander Asian
 Other/Mixed: _____

Parent(s)/Guardian(s):

Name: _____

Phone: Home: _____ **Cell:** _____

Email Address: _____

Name: _____

Phone: Home: _____ **Cell:** _____

Email Address: _____

Guidance Counselor: _____

Guidance Counselor Phone: _____

Guidance Counselor Email: _____

College/University you plan to attend:

Name: _____

Address: _____

Admission's Office Phone Number: _____

Date term begins: ___/___/___

Major/Degree Program: _____

DUE BY 5PM 3/23/24

HONORS/AWARDS: List the honors and awards received while attending high school. Response(s) cannot exceed the space provided)

Name of Honor/Award	Issued By	Date Recieved
1.		
2.		
3.		
4.		
5.		

EXTRACURRICULAR ACTIVITIES: List activities such as committees, clubs, sports, band, choir, and other activities you participate/participated in while attending high school. Response(s) cannot exceed the space provided

Name of Activity	Position/Office Held	Date Participated
1.		
2.		
3.		
4.		
5.		

VOLUNTEER SERVICE – List your volunteer and community service activities while attending high school. Response(s) cannot exceed the space provided

Name of Agency/Service	Duties	Dates Participated	Total Hours
1.			
2.			
3.			
4.			
5.			

DUE BY 5PM 3/23/24

Recommendation Form (1)

TO THE APPLICANT: Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and include it with your **completed application** to dstlancacademicsuccess@gmail.com.

Name of Applicant: _____

Name of Respondent: _____

Respondent's Title: _____

Respondent's Affiliation: _____

The information below this line and on the following page is to be completed by the respondent.

.....

I have known the applicant for ____ years.

Your relationship to the applicant:

_____ Minister

_____ Counselor

_____ Teacher

_____ Employer/Supervisor

_____ Other (please specify) _____

DUE BY 5PM 3/23/24

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form MUST be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately

Rating Scale

The Applicant's	Exceptional	Very Good	Average	Below Average	Inadequate Opportunity to Observe
Oral Communication Skills					
Academic Ability (Scholarship)					
General Character					
Initiative (Leadership Skills)					
Perseverance					
Motivation to Reach Goals					
Ability to Interact with People					

What are the applicant's strengths and why? _____

Briefly explain your reason for recommendation: _____

Sign/Date: _____

Recommendation Form (2)

TO THE APPLICANT: Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and include it with your **completed application** to dstlanacademicsuccess@gmail.com

Name of Applicant: _____

Name of Respondent: _____

Respondent's Title: _____

Respondent's Affiliation: _____

The information below this line and on the following page is to be completed by the respondent.

.....

I have known the applicant for ____ years.

Your relationship to the applicant:

_____ Minister

_____ Counselor

_____ Teacher

_____ Employer/Supervisor

_____ Other (please specify) _____

DUE BY 5PM 3/23/24

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form MUST be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately

Rating Scale

The Applicant's	Exceptional	Very Good	Average	Below Average	Inadequate Opportunity to Observe
Oral Communication Skills					
Academic Ability (Scholarship)					
General Character					
Initiative (Leadership Skills)					
Perseverance					
Motivation to Reach Goals					
Ability to Interact with People					

What are the applicant's strengths and why? _____

Briefly explain your reason for recommendation: _____

Sign/Date: _____

DUE BY 5PM 3/23/24

Recommendation Form (3)

TO THE APPLICANT: Please fill in the information requested above the dotted line, give the form to the respondent, and then collect the finished recommendation and include it with your **completed application** to dstlancacademicsuccess@gmail.com.

Name of Applicant: _____

Name of Respondent: _____

Respondent's Title: _____

Respondent's Affiliation: _____

The information below this line and on the following page is to be completed by the respondent.



I have known the applicant for ____ years.

Your relationship to the applicant:

_____ Minister

_____ Counselor

_____ Teacher

_____ Employer/Supervisor

_____ Other (please specify) _____

DUE BY 5PM 3/23/24

On the following rating scale, please describe the applicant as sincerely as you can, checking the rating that most nearly represents your knowledge in each area. This form MUST be filled out in its entirety for your applicant to gain maximum points. Extra information can be included in the comments section below or attached separately

Rating Scale

The Applicant's	Exceptional	Very Good	Average	Below Average	Inadequate Opportunity to Observe
Oral Communication Skills					
Academic Ability (Scholarship)					
General Character					
Initiative (Leadership Skills)					
Perseverance					
Motivation to Reach Goals					
Ability to Interact with People					

What are the applicant's strengths and why? _____

Briefly explain your reason for recommendation: _____

Sign/Date: _____