



# SUMMER BRIDGE ACADEMY APPLICATION

## APPLICANT INFORMATION

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS Street \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH City \_\_\_\_\_ State \_\_\_\_\_

PHONE Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

## CITIZENSHIP STATUS

Are you a United States citizen?  Yes  No      Are you a Permanent Resident of USA? ( I-9 card )  Yes  No

Other \_\_\_\_\_

International Student: Visa Type \_\_\_\_\_

## BACKGROUND

Racial/Ethnic Background of student (please check all that apply)

Black/African American     Latino/Hispanic American     White     Asian Pacific Islander     Other

## EDUCATION

Did you have an Individual Educational Plan?  Yes  No

If yes please provide details on the plan \_\_\_\_\_

High School \_\_\_\_\_ Counselor Name \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ GPA or QPA \_\_\_\_\_ SAT Score \_\_\_\_\_ TOFL Score \_\_\_\_\_

PSAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_ Rank If Available \_\_\_\_\_

Please list any AP/Honors classes you have taken

Please list all Universities and Colleges to which you have applied and/or accepted.

Are you the first in your immediate family to attend college?  Yes  No

## PARENT/GUARDIAN INFORMATION

Please select the highest education level completed

FATHER       High School     Associate Degree     Bachelor's Degree     Master's Degree     Ph.D. / Ed.D.

MOTHER      High School     Associate Degree     Bachelor's Degree     Master's Degree     Ph.D. / Ed.D.

GUARDIAN    High School     Associate Degree     Bachelor's Degree     Master's Degree     Ph.D. / Ed.D.

Parent/Guardian occupation \_\_\_\_\_

## EXTRACURRICULAR AND VOLUNTEER INFORMATION

List any honors/awards received.

List any extracurricular activities.

List any leadership positions you held in school or in the community.

The State of Connecticut and the College mandates that students born on or after January 1, 1957, must submit evidence of immunization against mumps, measles, and rubella in compliance with the Connecticut State Law Public Act 89-90 unless proof of a medical or religious contraindication is submitted. All students born on or after January 1, 1980, must provide proof of adequate immunization against varicella (chicken pox). Adequate immunization for mumps, measles, rubella, and varicella consists of two doses of vaccine separated by at least 28 days with dose number one given on or after the first birthday.

**NOTICE:** All Students must be in compliance with health clearance policies as required by Goodwin College. Students are responsible for providing the College with evidence of their immunity and health status upon matriculation.

### PLEASE RETURN COMPLETED APPLICATIONS TO:

**By mail:**

Goodwin College  
ATTN: High School Admissions  
One Riverside Drive  
East Hartford, CT 06118  
(860) 913-2059

**Or email:**

MWestfall@goodwin.edu

[www.goodwin.edu/bridge](http://www.goodwin.edu/bridge)