

Application

1. Applicant's Basic Information		
First Name:	Last Name:	Name Called:
Mailing Address (Street, City, State, Zip):		
Date of Birth (MM/DD/YYYY) //	Email Address	Permission to Email? <input type="checkbox"/> YES NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES NO
What is your diagnosis of a Specific Learning Disability?		
Educational Background: Please list the name of your last high school and the address:		
High school counselor or special education teacher's name, position, and email address:		
2. Applicant's Parental Information		
Father's First Name:	Father's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
Email Address:		Permission to Email? <input type="checkbox"/> YES NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES NO
Mother's First Name:	Mother's Last Name:	Profession:
Mailing Address (Street, City, State, Zip):		
Email Address:		Permission to Email? <input type="checkbox"/> YES NO
Home Phone:	Cell Phone:	Permission to Text? <input type="checkbox"/> YES NO

3. High Schools To Which You Have Submitted Applications		
Name of School:	City:	State:
Name of School:	City:	State:
Name of School:	City:	State:

4. Essay

Please use the space below or attach a separate paper that has your full name written on it.

This year's essay assignment

- What was the most difficult obstacle you overcame this year?
- How did you overcome this obstacle?
- What did you learn about yourself because of overcoming this obstacle?
- What will you do differently as a result of overcoming this obstacle?