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BREVARD COLLEGE INTEREST

I am applying to Brevard College as a *(check one)*:
☐ Freshman ☐ Transfer ☐ Transient ☐ Dual Enrollment
☐ Readmit *(requires additional, separate application)*

I plan to attend *(check one)*:
☐ Full-time ☐ Part-time (degree seeking)
☐ Part-time (non-degree seeking)

I would like to begin my studies at Brevard College ☐ Fall 200____ ☐ Spring 200____

I plan to live ☐ On Campus ☐ Off Campus

Students who are eligible to apply to live off campus are those students who (1) are free from academic or disciplinary probation and (2) become 21 years of age no later than the end of the semester for which application is made to live off campus. Married students, single students living with their parents or legal guardians in Transylvania County or counties contiguous to Transylvania County, and students granted permission to live off campus are considered commuters.

Have you filed for Financial Aid by completing the FAFSA form (Free Application for Student Aid)? ☐ Yes ☐ No

Are you interested in scholarships? ☐ Yes ☐ No

What are your academic areas of interest? (list all):

_____

_____

How did you first hear about Brevard College? *(Please be as specific as possible.)*

_____

_____

Who or what most influenced you to apply?
☐ Current student at Brevard ☐ Faculty member at Brevard
☐ Parents ☐ Friend ☐ Coach ☐ Location
☐ Major ☐ Alumni ☐ Minister ☐ Brevard Staff Member

Please rank Brevard College in your choice of colleges.
☐ 1st ☐ 2nd ☐ 3rd

Do you plan to participate in intercollegiate sports?
☐ Yes ☐ No If yes, what sport(s)? _____

Have you spoken to a Brevard College coach?
☐ Yes ☐ No If yes, whom? _____

Have you visited campus? ☐ Yes ☐ No

Have you spoken with a Brevard Admission Counselor?
☐ Yes ☐ No If yes, whom? _____

To what other colleges have you applied for admission?

_____

_____

INTERNATIONAL STUDENTS ONLY

In addition to the freshman or transfer application materials described above, students who are neither citizens nor legal residents of the United States must ALSO submit the following:

- Results of the Test of English as a Foreign Language (TOEFL), if English is not your native language and if SAT or ACT scores are unavailable.
- The Certificate of Financial Support.
- Official transcripts showing all secondary and post-secondary study in detail; certified English translations must accompany all documents not presented in English. Photostats must be notarized as true copies of the original documents.
- Transfer/Visa Verification Form for students currently attending a college or university in the United States.

What type of visa do you hold? ☐ F-1 student visa ☐ Other_____

Having applied to Brevard College, I agree to acquaint myself with the policies and regulations of Brevard College and if I enroll, to abide by these. I certify that all answers on this application are correct and complete and understand that providing false or incomplete answers could disqualify me for admission or terminate my enrollment. I hereby authorize the immediate release of my current high school transcript and of my final grades upon graduation.

Signature _____ Date _____

Discover **Brevard**

B R E V A R D C O L L E G E

Discover *Yourself*

Application for Admission

Application for Admission

ATTACH PHOTOGRAPH HERE: *(Optional)*
Please put your name on back of photograph.

B R E V A R D C O L L E G E

For more information, call 1.800.527.9090 or 828.884.8300
Fax: 828.884.3790 • E-mail: admissions@brevard.edu

1. **Print legibly in ink** or use a typewriter.
2. Enclose check or money order for the $30 **nonrefundable** application fee. **Do not mail cash.**
3. Your application and fee should be accompanied by an official copy of your high school transcript and SAT, ACT, or TOEFL scores.
4. Application file **is not complete** without your test scores (ACT or SAT), transcripts, essay, and application fee.

MAIL TO:

Office of Admissions
Brevard College
400 North Broad St.
Brevard, NC 28712

PERSONAL INFORMATION

Date: _____ Social Security # _____

☐ Ms. ☐ Mrs. ☐ Mr. _____
Last First Middle Preferred Name

Mailing Address _____
Street/P.O. Box City State Zip County

Residential Address _____
Street/P.O. Box City State Zip County

Home Phone (_____) _____ E-mail Address _____

Date of Birth ____/____/____
Month Day Year

Place of Birth _____
City State County

☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Are you a veteran or currently serving in the Armed Services?
☐ Yes ☐ No Branch of Service _____

Hometown Newspaper _____
Name of Paper

_____
City State

Church Affiliation _____
Name of Church

_____
Address Senior Pastor

Is your parent a minister or missionary in the United Methodist Church? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No

If no, Country of Citizenship _____

If no, do you have a resident permanent alien card?
☐ Yes ☐ No If yes, # _____

Have you ever been charged with a crime (felony or misdemeanor) in any state or country? ☐ Yes ☐ No

Have you been convicted of a felony or misdemeanor (other than minor traffic violations)? ☐ Yes ☐ No

If so, please explain and include a copy of the arrest record.

_____

_____

_____

FAMILY INFORMATION

With whom do you live? ☐ Both parents ☐ Father ☐ Mother ☐ Guardian ☐ Spouse ☐ Self/Independent

Father's Name (or Legal Guardian): _____

Address: _____
Street/P.O. Box City State Zip

Home Phone: _____ Bus. Phone: _____

Birthdate: _____ Marital Status: ☐ Married ☐ Single

Employer: _____ Title or Position: _____

Name of college and highest degree completed:

_____

Mother's Name (or Legal Guardian): _____

Address: _____
Street/P.O. Box City State Zip

Home Phone: _____ Bus. Phone: _____

Birthdate: _____ Marital Status: ☐ Married ☐ Single

Employer: _____ Title or Position: _____

Name of college and highest degree completed:

_____

APPLICANT'S ETHNIC GROUP *(Optional)* The following information is optional and is not used in the admissions decision process. Ethnic identification is required by the Office of Civil Rights of the Department of Education to assure compliance with the Civil Rights Act. All applications are considered without reference to race, color, national origin, sex, disability or age.

☐ A. Caucasian/White ☐ C. American Indian or Alaskan Native ☐ E. Hispanic/Mexican American
☐ B. African American/Black ☐ D. Asian or Pacific Islander ☐ F. Other (specify)_____

ACADEMIC BACKGROUND

An official transcript is required from each institution attended.

High School _____ Graduation Date _____ GPA _____

Address _____ Guidance Counselor _____
City State Zip

College	State	Dates Attended (From-To)	Credits Earned (Semester or Quarter)	Eligible to return?

Have you ever been placed on academic probation? ☐ Yes ☐ No Have you ever been placed on campus life probation? ☐ Yes ☐ No
If "yes" to either of these questions, please use a separate sheet of paper to explain the circumstances surrounding the probation, the results of the probation, and your eligibility to return to the institution.

TESTING RECORDS:

	Date(s)	Verbal	Math	Composite
ACT				
SAT				

Please list all athletic involvement in high school or college. Include all sports, dates of participation, and any awards received.

Please list any musical or fine arts participation in high school and/or college. Include ensembles (vocal and instrumental), performances (theatre), exhibitions, or any fine art experience.

Please list all of your leadership activities and/or roles during high school and/or college. These should include your community, civic, or church experiences as well. (Use separate sheet of paper, if necessary.)

REQUIRED ESSAY

On a separate sheet of paper, please answer the following questions. Use this opportunity to share your desire for admission to Brevard College as well as your plans and goals for the future.

- What are some of your hopes and dreams for the future?
- How will the experiences of higher education assist you in becoming a leader in the 21st century?
- Why Brevard College? What makes Brevard the right place for you in your undergraduate career?