

DENISON UNIVERSITY
Application for Admission as a Licking County Scholar

A LICKING COUNTY SCHOLAR is defined as one currently completing his/her senior year at a Licking county High School, having earned a high school GPA of 3.4 or above, and is simultaneously registered for one college level course at Denison University. No application fee is required. If after any semester a Licking County Scholar's semester average is less than 2.00, his or her eligibility for participation in this program shall be terminated.

Intended Time of Entrance: August of 20____ January of 20____

Legal Name: _____
Last First Middle

Ethnicity: (Optional Information) Asian Black Hispanic White
 Indian African American Native American Other
 Pacific Islander West Indian Multiracial

Social Security Number: _____ Date of Birth: ____/____/____ Sex: M F

Home Address: _____
Number/Street

City State Zip Phone Number: (____)_____

Name of parent(s)/guardian(s): _____

Address of parent(s)/guardian(s): _____
(if other than your address) *Number/Street*

City State Zip Phone Number: (____)_____

Name of Licking County H.S.
That you attend: _____

Name of guidance counselor: _____ Phone No.: (____)_____
Counselor with whom you
work at your High School.

Course(s) that you are interested in taking:

1.	_____	_____	_____	_____
	Dept.	Course Number	Section	Title
2.	_____	_____	_____	_____
	Dept.	Course Number	Section	Title

If I am accepted for admission to Denison University as Licking County Scholar and elect to enroll, I agree to abide by the policies and regulations of the University, including those respecting the payment of bills.

Signature of Applicant: _____ Date: _____

Please return to: Denison University, Registrar's Office, Box B, Granville, OH 43023.