

STUDENT INFORMATION

[Name]

[Street Address]

[City, State, Zip Code]

CONTACT INFORMATION

[Telephone Number]

[Cell Phone Number]

[E-mail Address]

**PARENT/ GUARDIAN
CONTACT INFORMATION**

[Name]

[Street Address]

[City, State, Zip Code]

[Telephone Number]

ACADEMIC SELECTION AND ELIGIBILITY

INSTITUTION NAME/HIGH SCHOOL	CLASSIFICATION	Completed FAFSA		ACT SCORES	
		Y	N	SCIENCE__	MATH__
				READING__	
				ENGLISH__	
				COMPOSITE__	
DO/DID YOU TAKE AP COURSES? (Y) (N)			GPA -		

BIO-DEMOGRAPHIC INFORMATION

II. Bio-Demographic Information

1. Date of Birth (Month/Day/Year) _____
2. Sex: Male Female
3. Marital Status: Single Married
4. Ethnic Origin:
- Nonresident alien Black or African American
- Race and ethnicity unknown Native Hawaiian or Other Pacific Islander
- Hispanic of any race White
- American Indian or Alaska Native Two or more races

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate cancellation of my application for admissions or dismissal from the college. LeMoyne-Owen College is an Equal Opportunity Employer, and does not discriminate based on age, race, color, sex, origin, or nationality.

AGREEMENT AND SIGNATURES

Name:	Signature:
Date:	Parent signature, if needed: