

Please print or type. Submit the application to your guidance counselor with the \$30 application fee and with the Student and Parent sections completed, or mail to: SCE, Post Office Box 720, Springfield, Ohio 45501. Make your check payable to Wittenberg University.

## Student Section

Name \_\_\_\_\_  
last first middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Female  Male Date of Birth \_\_\_\_\_

**Ethnicity** (optional) Check one or more of the following groups of which you consider yourself to be a member.

Are you Hispanic or Latino?  Yes  No

Please check all that apply:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

Please indicate any medical condition(s) of which we should be aware in order to assist you in an emergency: \_\_\_\_\_

**Disability:** If you need disability-related accommodations to carry out your program, please attach an explanation concerning the nature of your disability and the accommodation needed. If you wish no accommodation but wish to make the University aware of a physical or mental disability, feel free to do so.

Parent or guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Name of high school \_\_\_\_\_

Grade Level as of the coming Fall \_\_\_\_\_ Expected H.S. graduation (month/year) \_\_\_\_\_

Term seeking CCP admission: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year \_\_\_\_\_

(Summer Session does not come under CCP, and is for college credit only. Students pay for tuition + books and supplies.)

Enrollment pattern you envision at Wittenberg for the next two years. (Seniors: ignore second year.) Indicate number of Wittenberg courses per semester.

First year: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Second year: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

Wittenberg Course(s) you are considering \_\_\_\_\_

I understand that misrepresentation on this application will be cause for termination of enrollment and responsibility for all charges. I agree to abide by the policies and expectations of the University. I further agree that the University has my consent to notify my parent or guardian, designated high school official, and the State Superintendent of Public Instruction of my enrollment and grades at Wittenberg.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent or Guardian Section

The high school has counseled me regarding the considerations and effects of participating in the CCP program. I understand the nature, requirements and expectations of the program. My child or ward has my approval to enroll. The University has my consent to notify the designated high school official, and the State Superintendent of Public Instruction of this child's enrollment and grades within the program. In the event of a medical emergency, I authorize the University to obtain such medical treatment as it deems advisable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# School Officials' Section

Student's name \_\_\_\_\_

High School \_\_\_\_\_

**Counselor:** Please enclose a *transcript* of the secondary school record. It should include courses taken and grades earned, courses in progress with grades if available, class rank, scores for any standardized tests taken, explanation of grading system, and notation of accelerated, advanced Placement or honors courses. (For the following responses, you may enclose a separate sheet if you prefer.)

Please indicate why you believe we should consider this student for the CCP Program.

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Indicate particular strengths, weaknesses or special circumstances of which we should be aware.

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This student ranks \_\_\_\_\_ from the top in a class of \_\_\_\_\_. Approximate GPS in college preparatory classes \_\_\_\_\_

ACT/SAT scores, if available \_\_\_\_\_

**I recommend this student for the High School Scholars program.**

Counselor (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

Teacher (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_

**Note:** Teacher Conference letter may be attached.

Please be sure that the application includes the signature of the student, parent or guardian, counselor and teacher, and the \$30 application fee (or hardship waiver request).