

ACADEMIC HISTORY

Please choose one of the following and provide the requested information:

High School Graduate: Yes ___ NO ___ Graduation Date__/__/_____

High School _____(GPA)_____

GED_____GED Award Date _____

m Have you previously attended any colleges or universities?
Yes ___ No ___

m Have you completed any dual credit or advanced placement credits?
Yes___ No

If yes, where?: _____

Credit Hours Earned: _____

mHave you “**declared**” a major? Yes ____ No ____

If **yes**: What major? _____

If **no**: What subjects interest you? _____

Statement of Confidentiality: The information requested on this form will be used for data collection and assessment.
All information provided is confidential.

First Generation in College Students

The Department of Education (DOE) defines a first-generation college student as an individual who grew up in a household where neither parent has completed a four-year degree before the individual turned 18. Individuals who grew up in foster care are automatically considered first-generation.

m**According to the above definition, are you a first-generation college student?** Yes____ No____

Mother’s information

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11
12 13 14 15 16 16+

Indicate college degrees) earned, if any:
Associates ____ Bachelor’s ____ Master’s ____ Doctorate ____

Father’s information

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11
12 13 14 15 16 16+

Indicate college degrees) earned, if any:
Associates ____ Bachelor’s ____ Master’s ____ Doctorate ____

Please check yes or no if you grew up in foster care?. Yes ___ No____

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Note: You must be accepted to and committed to attending UDC as a full time student for Fall 2009

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Students with a Disability _____

Are you an individual with a diagnosed disability? Yes ___ No ___

If yes, please check all that apply:

- Learning Disability [] Psychological Disability []
- Deaf/Hard of Hearing [] Blind/Visual Impairment []
- Mobility Impairment [] Health Impairment []
- Neurological Impairment [] Other (Please specify) _____

APPLICATION PROCESS CHECKLIST

Your application will not be considered until you have submitted all the necessary documents and/or information listed below

- Have You Completed all sections of the application form? Yes ___ No ___
- Provided a copy of your high school transcript and/or college transcript? Yes ___ No ___
- Complete a 300 Word essay describing your educational and career goals, and how the Summer Bridge program will help you.
- Provide one letter of Recommendation from a counselor, teacher, or community leader who knows you well.
- Are You Committed to Attending UDC as a full time student beginning Fall 2009 Yes ___ No ___

Please sign and date this application before returning it:

Signature _____ Date _____

When completed, please return this application by mail to:

The Summer Bridge Program
University of the District of Columbia
4200 Connecticut Ave., NW
Washington, DC 20008



UNIVERSITY OF THE DISTRICT OF COLUMBIA
First-Year Experience Programs
Summer Bridge 2009
Application

Note: You must be accepted to and committed to attending UDC as a full time student for Fall 2009

Today's Date: _____ (Please Type or Print in Black or Blue Ink)

NAME _____
Last First Middle

SSN _____ - _____ - _____ UDC Student ID # : _____

Date of Birth ____/____/____

Male___ Female___

CONTACT INFORMATION / Permanent Contact Information

Street Address _____

City _____ State _____

Zip Code _____ Home Phone# _____

Alternate/Cell Phone# _____

E-mail _____

In Case of an EMERGENCY, Please Contact

Street Address _____

City _____ State _____

Zip Code _____ Home Phone# _____

Alternate/Cell Phone# _____

E-mail _____

Are You Committed to Attending UDC as a full time student beginning Fall 2009 Yes ___ No ___

Note: You must be accepted to and committed to attending UDC as a full time student for Fall 2009