Student Application Information

Name: _____ Gender: M____ F____

S.S. Number: _____ Grade in Fall '05: 10th____ 11th____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

School Information

Name of School: _____ School District: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Counselor or Gifted Teacher Coordinator: _____

Position: _____ Phone: _____

Other

. Ethnicity (optional): _____

. How did you find out about us (please check one)?

Teacher/Counselor: _____ ODE Website: _____ Antioch Website: _____

Glen Helen Website: _____ Other: _____

. Will you be applying for Residential Financial Aid? Yes _____ No _____

Parental Consent

I, the parent/guardian of _____ give permission for my son/daughter to apply to participate in the Antioch Summer Honors Institute.

Signed _____ Date _____
Parent/Guardian

(continued on back)

Student Information

On this page please answer both of the following.

1. What hobbies, activities, or other extracurricular activities do you enjoy in your spare time?
2. Briefly describe why you want to participate in this program.