

# FRANKLIN COLLEGE



## APPLICATION FOR RUNNING START

This application should be completed only by high school students wishing to participate in Franklin College's Running Start program. Students with a cumulative GPA of 2.5 or better and a strong counselor recommendation will be considered for the program. Degree-seeking students must complete the regular application for admission.

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ County \_\_\_\_\_

Do you have e-mail? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date (ex. 06/02/88) \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

Legal Guardian Name \_\_\_\_\_

Legal Guardian Address \_\_\_\_\_

US Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ Religion (optional) \_\_\_\_\_

Please check one of the following to describe yourself (optional):

White, Non-Hispanic _____	Asian or Pacific Islander _____
Black, Non-Hispanic _____	American Indian or Alaskan Native _____
Hispanic _____	Other (please describe) _____

Entry Term: Fall (Aug.-Dec.) \_\_\_\_\_ Winter Term (Jan.) \_\_\_\_\_ Spring (Feb.-May) \_\_\_\_\_ Summer (June – July) \_\_\_\_\_

High School / Home-schooled \_\_\_\_\_ Year of Graduation \_\_\_\_\_

In order of preference, in which course(s) do you intend to enroll? (Based on available class space)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you planning to audit these courses or do you wish to receive grade/credit? Audit \_\_\_\_\_ Grade/Credit \_\_\_\_\_

On a separate sheet of paper, please tell us about yourself, your educational objectives, your goals in life and your reasons for applying to Franklin College's Running Start program. Your statement will be used in considering your admission to the program.

*I do hereby certify to the best of my knowledge that the preceding statements are true and complete.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\* Please submit this application to your high school guidance counselor or home-school teacher for his/her recommendation on the reverse side. The \$30 application fee should be paid by check made out to Franklin College and stapled to your application.

# COUNSELOR RECOMMENDATION

Student's GPA: \_\_\_\_\_ Is the GPA weighted? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the school rank students? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the student's rank? \_\_\_\_\_ in a class of \_\_\_\_\_

## SAT Scores

Date \_\_\_\_\_ V \_\_\_\_\_ M \_\_\_\_\_ Date \_\_\_\_\_ V \_\_\_\_\_ M \_\_\_\_\_

## ACT Scores

Date \_\_\_\_\_ EN \_\_\_\_\_ M \_\_\_\_\_ READ \_\_\_\_\_ SCI \_\_\_\_\_ COMP \_\_\_\_\_

Is this student expected to graduate with an Indiana Academic Honors Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this student expected to complete CORE 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this student successfully passed the ISTEP examination? Yes \_\_\_\_\_ No \_\_\_\_\_

In comparison to other college-bound students at your school, would you say this student's course selection is:

Most demanding \_\_\_\_\_ Demanding \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

\_\_\_\_\_ I recommend this student for special admission to Franklin College's Running Start Program.

\_\_\_\_\_ I do not recommend this student for special admission to Franklin College's Running Start Program.

\_\_\_\_\_ This student meets the Franklin College Running Start Program minimum GPA qualifications of 2.5.

\_\_\_\_\_ This student is Free and Reduced Lunch eligible. (Application fee waived)

## Counselor's Comments

Counselor (Printed) \_\_\_\_\_

Phone # \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return this application, \$30 application fee (check made out to Franklin College), transcripts, future class schedules and any additional information to:*

*Office of Admissions, Franklin College, 101 Branigin Blvd., Franklin, IN 46131*