

Advanced Student Learning Community, Student Application

Student Name: _____

Address: _____

Primary e-mail: _____

Phone number: _____

Gender: ___ Male ___ Female. Age: _____ Today's Date _____

Check what activities listed below you are interested in participating in (check all that apply):
___ Mentoring ___ Learning Community ___ Internship ___ Math Explorer

Disability: _____

Are you registered with ODS? Yes No

Name of school: _____

Current Major: _____

Current Minor: _____

Anticipated graduation date: _____

What career areas and occupations interest you? _____

What is the best way to contact you? _____

What is the best time to contact you? _____

Do you have a computer at home with internet access? Yes No

Who referred you to our program? _____

Keeping in mind your \$200 stipend for participating, are you committed to being an active member in the SLC? _____

You can print and fax us your application at 614-292-3727 or contact us at 614-292-9920