MyApplication

Admission and General Scholarship

Name _____
Last First Middle

Mailing Address _____
Street or Box # City State Zip

Home phone (____) _____ Cell phone (____) _____ E-mail _____

Date of birth _____ Soc. Sec. # _____ Male _____ Female _____

Country of Citizenship _____ Are you a resident alien of the U.S.? _____ (If yes, submit copy of green card.)

Name of High School _____ Graduation Date _____

ACT/SAT Score _____ ACT/SAT will be taken on _____/_____/_____ Self-reported GPA _____

I want to enroll as a _____ Full-time student _____ Part-time student
I plan to enroll as a _____ New Freshman _____ Transfer _____ Non-degree seeking student
Expected enrollment date: Year _____ Fall _____ Spring _____ May term _____ Summer I _____ Summer II _____
Do you intend to live on campus? _____ Off campus? _____

Academic Interest _____ If you intend to play a sport at Belhaven, which one? _____

Please feel free to attach a separate sheet of paper listing extracurricular, community, religious, and individual activities.

Have you ever applied to or attended Belhaven? _____ Yes _____ No If so, what year? _____

Colleges attended prior to attending Belhaven.
(If you will not attend any college(s) before coming to Belhaven, write NONE.)

Name of Institution Location Dates of Attendance GPA Degree

_____
_____
_____
_____

Are you currently enrolled in college? _____ If yes, where? _____ When will you finish there? _____

Do you require financial aid to attend Belhaven? _____ Yes _____ No

Religious Affiliation _____ Church Name _____

List all relatives who are alumni or current students at Belhaven. List relationship and graduation years.

1. _____ 3. _____
2. _____ 4. _____

Hometown Newspaper _____

SIGNATURE REQUIRED:
I hereby affirm to the best of my knowledge that all information on this form is complete and accurate. I authorize Belhaven College representatives to request and receive from all schools I have previously attended (or am attending) copies of my academic records. If enrolled, I agree to abide by all the policies of Belhaven College including, but not limited to, those represented in the catalogue and student handbook; I also give Belhaven College permission to send and supply news, photos and honors to my hometown newspaper and college publications.

Signature _____ Date _____

Belhaven College is committed to a policy of non-discrimination on the basis of race, color, sex, religion, handicap, age, or national/ethnic origin.

Freshman

- ☐ Application
- ☐ $25 application fee
- ☐ Official High School transcript
- ☐ Official ACT or SAT score report
  Belhaven's ACT code: 2180
  Belhaven's SAT code: 1055

Transfer

- ☐ Application
- ☐ $25 application fee
- ☐ Official transcripts from all institutions attended
- ☐ Official ACT or SAT score report if transferring in fewer than 12 hours.

Please return all admission credentials to:
Admission Office
1500 Peachtree St., Box 153
Jackson, MS 39202

Phone 800.960.5940
Fax 601.968.8946
admission@belhaven.edu

* An essay, interview, and letter of recommendation may be submitted voluntarily by the student or may be requested by the admission office if student does not meet minimum requirements for acceptance.

MyChecklist