SCHOOL OF ADULT AND COMMUNITY EDUCATION
ON-CAMPUS APPLICATION

For the online application, go to www.grace.edu/applynow. No application fee if you apply online.
(Please type or print clearly)

Name: Mr. / Miss / Mrs. ____________________________

Address:_____________________________________________________________________________________

City_________________________ State______ Zip____________________

Telephone: Home_____________________________ Other_________________________ Cell __________________________

Birth Date___________________ Social Security______________________ E-mail_________________________________

Ethnic Background:

☐ Asian        ☐ American Indian        ☐ African American        ☐ Latino        ☐ White Non-Latino

Are you a veteran of the U.S. Armed Forces or a dependent of a U.S. Armed Forces veteran?  ☐ Yes  ☐ No

If so, would you like to check on your eligibility for veteran’s benefits?  ☐ Yes  ☐ No

Previous Education:

College:

Institution’s Name ________________________________________________________________________________

City _______________________________________State _____________

Hours Complete____________________

Degree (if applicable)
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_________________________________________________________________________________________________

College:

Institution’s Name ________________________________________________________________________________

City _______________________________________State _____________

Hours Complete____________________

Degree (if applicable)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you ever applied to or attended Grace?  ☐ Yes  ☐ No

Semester you plan to enter program?  ☐ Fall  ☐ Spring    Year: ___________________________________________

Degree of Interest  ☐ B.S. Management  ☐ B.S. Medical Device Quality Management

What factors influenced your decision to apply for the GOAL program?____________________________________

Please complete the short essay on the next page.
ESSAY

Please describe yourself as a student, a professional, and a citizen.

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By signing and submitting this application you are indicating to abide by the following Grace School of Adult and Community Education Student Pledge while on campus or engaged in Grace activities.

The Grace School of Adult and Community Education Student Pledge

I agree to show respect for the faith commitment that Grace practices and agree to abide by certain of the institution’s community guidelines (avoidance of disrespecting others, sexual misconduct, illegal drugs, gambling, coarse or obscene language, tobacco, alcoholic beverages, and such conduct) while on campus or engaged in Grace activities. I certify that all my answers on this application are complete and true to the best of my knowledge. Furthermore, I understand that falsifying any part of this application could result in a failure to be admitted or registered.

X ___________________________ Date_________________________

Please mail this completed form to:
Grace College
Graduate & Adult Enrollment
200 Seminary Drive
Winona Lake, Indiana 46590
Telephone: 877.607.0012