

application



200 seminary drive

winona lake, in 46590

877.607.0012

www.grace.edu

GENERAL INFORMATION

Date of Application _____ Anticipated enrollment May 2011 May 2012

Name _____
Last First Middle Maiden (if applicable)

Mailing Address _____
Street City State Zip

Home phone _____ Work phone _____

E-mail _____

Social Security Number _____ Citizenship: Permanent resident of U.S.A.? _____

OPTIONAL (but helpful for office use)

Date of Birth _____ City and State of Birth _____

Gender: Female Male

Employer _____ Job title/Position _____

Ethnic/Racial Background: African American/ non-Hispanic American Native American Alaskan Native
 Asian/Pacific Islander Hispanic White/ non-Hispanic Other

List any chronic illness or disability that would require special accommodations _____

EDUCATIONAL INFORMATION

Which will you pursue? Elementary Certification Secondary Certification

Content area: (English, Math, Social Studies, etc.) _____

Have you previously attended Grace College? Yes No If yes, please list the dates you attended _____
If yes, we will request your transcript from the Grace College registrar.

Other colleges/ universities attended

Name	City	State	Dates Attended	Degree received or hours completed

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FINANCIAL AID and MISCELLANEOUS INFORMATION

Do you wish to receive information about financial aid? Yes No

If yes, complete the *Free Application for Federal Student Aid (FAFSA)*. Priority deadline is March 1.

Are you a U.S. Armed Forces Veteran? Yes No

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.

Signature _____ Date _____

Please submit a \$25.00 non-refundable fee with this form. Make checks payable to Grace College.

Return this form to the address below.

Graduate and Adult Enrollment
ATTN: MEd Admissions Counselor
200 Seminary Drive
Winona Lake, IN 46590
Fax: 574.372.5120