



*Because faith and freedom matter*

# DUAL ENROLLMENT

## *Application for Admission*

**Please Send All Documents With Application**

High School Transcript, High School Authorization Form, Parental Consent Form

**Citizenship**  
 U.S. Citizen? (check one)  Yes  No If no, Country of Citizenship: \_\_\_\_\_  
 Non-U.S. Citizens: Are you a permanent resident?  Yes  No

**Ethnicity**  
 Hispanic/Latino  Yes  No If no, please check all that apply below:  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Check one:** January  Intercession  Winter Online  May  Intercession  Early Summer Online  Late Summer Online  
 Fall On-Campus  Fall Online  Spring On-Campus  Spring Online

**Note: Registration for Fall, May Intercession, and Summer periods opens on May 1.  
 Registration for Spring, January Intercession, and Winter periods opens on December 1.**

### PERSONAL DATA (Please print or type)

Name in full: Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_ Last First Middle  
 Male  Female Birth date: \_\_\_\_\_

Are you a dependent of an employee of Grove City College?  Yes  No

Social Security Number (required): \_\_\_\_\_  
*The College collects and securely stores your social security number as required by law in order to include on certain information returns with the Internal Revenue Service.*

Permanent home address:

Number and street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different from home address):

Number and street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

**FAMILY DATA**

Full name: father/guardian: \_\_\_\_\_  
Title (Mr., Dr., Rev., etc.): \_\_\_\_\_  
Living?  Yes  No  
Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
College attended: \_\_\_\_\_  
Degrees earned & year graduated: \_\_\_\_\_  
Father cell: \_\_\_\_\_ / \_\_\_\_\_  
Father e-mail: \_\_\_\_\_

Full name: mother/guardian: \_\_\_\_\_  
Title (Miss, Ms. Mrs., Dr., Rev., etc.): \_\_\_\_\_  
Living?  Yes  No  
Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
College attended: \_\_\_\_\_  
Degrees earned & year graduated: \_\_\_\_\_  
Mother cell: \_\_\_\_\_ / \_\_\_\_\_  
Mother e-mail: \_\_\_\_\_

Are you living with both parents?  Yes  No If no, state with whom: \_\_\_\_\_  
(Address if different from applicant's permanent home address): \_\_\_\_\_

Relatives who have attended or are attending Grove City College:

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Class: \_\_\_\_\_ Relationship: \_\_\_\_\_

Give the names of any Grove City College Trustees, Alumni, faculty members or students whom you know:

\_\_\_\_\_

---

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes\*  No  
\* If you answered YES please use the space provided below to give the approximate date of each incident and explain the circumstances.  
Date: \_\_\_\_\_ Explanation: \_\_\_\_\_  
Date: \_\_\_\_\_ Explanation: \_\_\_\_\_

By checking this box, I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

**Dual Enrollment Program Applicants:**

Grove City College welcomes students seeking to become disciplined, useful citizens equipped to make a contribution to society. College regulations are designed to promote a Christian atmosphere in which such self-development can occur. A student's enrollment involves an agreement with the College that he/she will obey the academic and non-academic regulations of the College. If accepted by Grove City College, I agree to observe the standards of the College.

My child, \_\_\_\_\_, has my permission to be enrolled in the Dual Enrollment Program at Grove City College.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Grove City College, a private educational institution, admits students of any race, color, sex, religion, and national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the College. Grove City College does not discriminate on the basis of race, color, sex, religion, and national or ethnic origin in the administration of its educational programs, admission policies, scholarship and loan programs, athletics, co-curricular activities or other College-administered programs.*

Mail completed application to:  
**OFFICE OF ADMISSIONS**  
GROVE CITY COLLEGE  
100 CAMPUS DR.  
GROVE CITY, PA 16127-2104  
Office of Admissions: 724-458-2100  
admissions@gcc.edu