



Please send transcript with completed application.

(Include payment of \$50.00 Application Fee and \$100.00 Matriculation Fee)

Citizenship U.S. Citizen? (check one) Yes No If no, Country of Citize Non-U.S. Citizens: Are you a permanent resident? Yes No	enship:			
Ethnicity Hispanic/Latino I Yes I No If no, please check all that ap American Indian or Alaska Native I Asian Native Hawaiian or Other Pacific Islander I White	ply below:	ican		
Check one: January Intersession D Winter Online D May Intersessio	n 🕒 Early Summer Online	e 🕒 Late Sumr	mer Online	
PERSONAL DATA (Please print or type)				
Name in full: Mr.				
Mrs Miss Last First	Middle		Suffix	
Preferred first name: Social Security Number*:				
□ Male □ Female □ Single □ Married Birth date:				
*The College collects and securely stores your social security number as required the Internal Revenue Service				
Permanent home address:				
Number and street:				
City: State:	ZIP:			
Home Phone:/ Cell Phone:/	County:			
Mailing address (if different from home address):				
Number and street:				
City: State:				
Home Phone:/ Cell Phone:/	County:			
Grove City College course(s) in which you would like to enroll:				
Course Code Course Name	Instructor	Days	Times	
Alternate Courses	3			

FAMILY DATA

Full name: father/guardian:	Full name:	mother/guardian:			
Is this individual a member of the military?	s 🖵 No 🛛 Is this indiv	Is this individual a member of the military? \Box Yes \Box No			
If yes: 🗅 Active 🛛 Reserves 🕞 Retired	If yes: 🖬 Ad	ctive 🛯 Reserves 🗳 Retired			
Title (Mr., Dr., Rev., etc.):	Title (Miss,	Title (Miss, Ms. Mrs., Dr., Rev., etc.): Living? Yes No Occupation: Place of employment: College attended:			
Living? 🖵 Yes 🗖 No	Living? ם				
Occupation:	Occupation				
Place of employment:					
College attended:	College atte				
Degrees earned & year graduated:	Degrees ea	Degrees earned & year graduated:			
Are you living with both parents? 🗅 Yes 🛛 🗅 No	If no, state with whom:				
(Address if different from applicant's permanen	t home address):				
Father cell: /					
Father e-mail:	Mother e-m	lother e-mail:			
Names and ages of other children in your family:					
Relatives who have attended or are attending Grove	City College:				
Name:	Class:	Relationship:			
Name:	Class:	Relationship:			
ACADEMIC DATA					
Name of High School		Graduation Year			
Address	City	State Zij	0		
TRANSFER STUDENT DATA Please list all colleges or universities attended (list	number of credits where app	licable)			
Name of school Location (City,		Dates attended	Credits		
		Dates attended	Credits		
Are you a student in good standing? 🗅 Yes 🛛 🗅 No	Academically? 🗅 Yes	No Socially? 🗆 Yes 🗖	No		
Have you ever been convicted of a misdemeanor, fe	lony, or other crime? 🛛 🖵 Ye	es* 📮 No			
* If you answered YES to either question, please explain the circumstances.	use the space provided belo	w to give the approximate date of	f each incident and		
Date: Explanation:					
Date: Explanation:					
If accepted by Grove City College, I agree to observe	e the standards of the Colleg	e.			
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By signing below, I certify that I have not received any federal financial aid or federal loans, in any form, from any agency of the government of the United States of America to pay the cost of my application to Grove City College or for courses to be taken at the College.

Student Signature: ____

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.

Email completed application to: admissions@gcc.edu or Mail to: **GROVE CITY COLLEGE** ADMISSIONS OFFICE 100 CAMPUS DR. GROVE CITY, PA 16127-2104