

DUE APRIL 1, 2017

**KENYON ACADEMIC PARTNERSHIP AVAILABLE ON KENYON.EDU/KAP
(HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION)**

STATE SCHOOL STUDENT ID #: _____ HIGH SCHOOL: _____ DATE: _____

STUDENT NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

HOME ADDRESS: _____
STREET CITY/STATE ZIP

BIRTH DATE: _____ YR GRADUATION: _____ CURRENT GPA: _____

STUDENTS E-MAIL: _____

KAP COURSE APPLYING FOR: _____ KAP INSTRUCTOR: _____

OPTIONAL: NOT American Citizen _____ (if checking this, no need to check anything below)

CIRCLE ONE OF THE FOLLOWING IF YOU ARE AMERICAN CITIZEN:

- 1- BLACK 2- AM INDIAN/ALASKAN NATIVE 3- ASIAN OR PACIFIC ISLAND 4- HISPANIC 5 - WHITE

PARENT/GUADIAN: _____
LAST NAME First MIDDLE INTIAL

PARENT/GUARDIAN ADDRESS: _____
STREET CITY/STATE ZIP

PARENTS E-MAIL: _____

TEACHER RECOMMENDATION: THIS IS REQUIRED IN ORDER TO PROCESS APPLICATION (BY TEACHER THAT HAS HAD THIS STUDENT IN CLASS)

1. WHAT EVIDENCE HAVE YOU SEEN THAT THIS STUDENT WILL BE SUCCESSFUL IN A COLLEGE-LEVEL COURSE?

2. PLEASE COMMENT ON SPECIAL STRENGTHS & WEAKNESSES THAT MIGHT AFFECT THIS STUDENT'S PERFORMANCE IN THIS COURSE:

(PLEASE CIRCLE ONE) RECOMMEND I DO NOT RECOMMEND

SIGNATURE ABOVE TEACHER: _____ SCHOOL ENDORSEMENT: _____
(KAP STEERING COMMITTEE OR SCHOOL ADMINISTRATOR)

KENYON KAP PROFESSORS APPROVAL: YES _____ NO _____

COMMENTS:

**RETURN TO: BONNIE MCCLUSKEY
100 GASKIN AVE
KENYON COLLEGE
EDWARDS HOUSE
GAMBIER OH 43022**

SIGNATURE KENYON KAP PROFESSOR _____

KAP I.D. SC _____