



SELECT APPLICATION



APPLY FASTER ONLINE

Apply **TODAY** to Take Advantage of
No Formal Essay and Automatic Scholarship Consideration

Name (First, Middle, Last) _____ Suffix _____

Preferred First Name _____ Date of Birth _____ Male Female

Home Phone _____ Cell Phone _____

Email Address _____ Social Security Number (optional) _____

PERMANENT ADDRESS

Street Address _____ Apt. # _____

City _____ State _____ ZIP/Postal Code _____ Country _____

MAILING ADDRESS (if different from permanent)

Effective Dates of Mailing Address: From _____ to _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP/Postal Code _____ Country _____

CITIZENSHIP

Are you a U.S. citizen? Yes No

Are you a dual citizen? Yes No Countries _____ and _____

If not a U.S. or dual citizen, then you are:

a U.S. permanent resident (specify alien registration number) _____

a U.S. visa holder (specify visa status) _____

Other (specify your country of citizenship) _____

Country of Birth _____ Native Language (if not English) _____

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YOUR FAMILY

Parent 1 - Relationship:

Mother Father Legal Guardian Other

Gender: Female Male

Living Deceased

First Name Last Name

Mailing Address (if different from yours)

City State ZIP/Postal Code

Home Phone Cell Phone

Email Address

Occupation

Employer

Work Phone

Did this parent attend college(s)? Yes No

If so, which college(s)? _____

Degree(s) Earned _____

Name of Professional or Graduate School (if any)

Parent 2 - Relationship:

Mother Father Legal Guardian Other

Gender: Female Male

Living Deceased

First Name Last Name

Mailing Address (if different from yours)

City State ZIP/Postal Code

Home Phone Cell Phone

Email Address

Occupation

Employer

Work Phone

Did this parent attend college(s)? Yes No

If so, which college(s)? _____

Degree(s) Earned _____

Name of Professional or Graduate School (if any)

Please check if parents/guardians are married separated divorced (_____) other _____
Date

With which parent do you make your permanent residence? Both Parents Mother Father Legal Guardian

Have any of your relatives attended Rollins College? Yes No

Name _____ Relationship _____ Degree/Year _____

Name _____ Relationship _____ Degree/Year _____

Please list any brothers and/or sisters you have.

Name _____ Age _____

Name _____ Age _____

TEST INFORMATION

Are you selecting the Test Score Waived Option (TSWO)?

Yes No

If yes, you'll need to submit a teacher recommendation and a personal representation. By selecting TSWO, you will not be eligible for academic-based scholarships. However, you can still apply for need-based financial aid. More can be found at www.rollins.edu/admission/tswo.

If no, please give us your best score for each applicable category.

SAT:

Critical Reading _____ Math _____ Writing _____

ACT: Composite Score _____

Do you plan to take these tests in the future? If so, when?

SAT _____ ACT _____
Month/Year Month/Year

TOEFL/IELTS Score _____

ETHNICITY (optional)

1. Are you Hispanic or Latino?

Yes No

2. Please check any or all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other: _____

ACADEMIC INFORMATION

Current High School Name _____ High School Code _____

Street Address _____

City _____ State _____ ZIP/Postal Code _____

Graduation Date _____
Month/Year

Date of Entry _____

Type of School:

Public Private Parochial Homeschool

Previous High School Name (if applicable) _____ High School Code _____

Street Address _____

City _____ State _____ ZIP/Postal Code _____

Date of Entry _____

Type of School:

Public Private Parochial Homeschool

Why did you change schools? _____

YOUR ACTIVITIES

Please list your high school activities in order of their importance to you (sports, service projects, clubs, special interests, work experience, etc.). Feel free to attach a résumé if you wish.

Activity	Positions Held	School Year(s)			
		9	10	11	12
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC HONORS

Briefly describe any academic honors you have received.

POSSIBLE MAJOR INTEREST

Please give us an idea of what major you're interested in pursuing. If you're undecided, that's OK too.

PERSONAL STATEMENT ... IN YOUR OWN WORDS

We'd love to learn more about you than the basic facts on this application. Tell us, in 250 words or more, something special about you. The topic is your choice - be as creative as you like!

ENROLLMENT PLANS

When do you plan to enroll? Fall 20_____ Spring 20_____

Are you applying for the 3/2 Accelerated Management Program? Yes No

This program combines a four-year Bachelor of Arts (BA) degree and a two-year Master of Business Administration (MBA) degree into a five-year program. Details can be found at www.rollins.edu/admission/admissioninfo.

You are applying for (select one):

- Early Decision I - November 15
- Early Decision II - January 15
- Regular Decision - February 15

NOTE: Our priority scholarship deadline is January 5.

FINANCIAL AID INFORMATION

The FAFSA

We encourage all students and their families to complete the Free Application for Federal Student Aid (FAFSA) regardless of income. Completing a FAFSA (our school code is 001515) and submitting it by the March 1 deadline ensures that Rollins can consider you for all forms of need-based aid. For more information, visit www.fafsa.ed.gov.

Do you intend to apply for financial aid? Yes No

EARLY DECISION AGREEMENT

The Rollins Early Decision program is for students who have decided to make Rollins their first choice. Two rounds of Early Decision are offered. Students who wish to be considered for Early Decision I must have a completed application on file by **November 15**. Students who prefer Early Decision II must have a completed application on file by **January 15**. Admission decisions are mailed two to four weeks after the application deadline.

We strongly recommend you consider Early Decision if Rollins is your first-choice college. Students accepted under the Early Decision program will have several advantages:

- Notification of the admission decision by mid-December (Early Decision I) or early February (Early Decision II)
- Priority in merit scholarship and financial aid consideration

Once accepted, Early Decision candidates are expected to submit a \$500 nonrefundable deposit and withdraw applications to other colleges.

IF YOU ARE APPLYING AS AN EARLY DECISION CANDIDATE, PLEASE READ AND SIGN THE FOLLOWING:

Rollins College is my first-choice college, and I would like to be considered for Early Decision admission. I will withdraw any applications to other colleges and enroll at Rollins if I am accepted under this program.



Student Signature

FINAL STEPS

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? *[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.]* Yes No

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal or expulsion from the institution? Yes No

If you answered yes to either question, please provide a written explanation with your application.

Certify, sign and date

I certify that the information on this application is complete and correct, and I understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment or any appropriate disciplinary action. I authorize Rollins College to verify the information I have provided with all the schools I have attended. I agree to notify the proper officials of the institution of any changes in the information provided.

I waive my right to review or access letters and statements of recommendation on my behalf.



Signature _____

Date _____

REMEMBER, WE WILL NEED TO RECEIVE YOUR \$40 APPLICATION FEE, OFFICIAL TRANSCRIPTS, TEST SCORES AND RECOMMENDATIONS.

- Check that your application is complete and all the information is correct.
- Take the **Secondary School Report** to your guidance counselor.
- If you selected our **Test Score Waived Option**, give the **Official Teacher Recommendation** with the postage-paid envelope to the teacher of your choice. You must also submit a personal representation of your strengths, talents or interests.
- Enclose a check or money order for \$40 made out to Rollins College.

The material submitted in this report is used for admission purposes only and does not become a part of the student's permanent college record. Applicants for admission are considered without regard to race, color, creed, age, gender, disability, sexual orientation or national origin.