

Practice Application

WORKSHEET

This worksheet contains the information necessary to complete the Practice Application on CollegeInColorado.org and is typical for a four-year college application.

NAME AND ADDRESS

Student Name

Legal name

Enter name exactly as it appears on official documents

Last/Family name:

First name:

Middle name:

Suffix: Jr., etc.

Other name(s)

Preferred name/Nickname:

Former last name(s) if any:

Former last name if any:

Permanent Home Address

Street:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Mailing Address (if different from above)

Street:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Date from:

to: mm/yyyy

Contact Information

Permanent home telephone:

(###) ###-####

Mailing telephone:

(###) ###-####

Cellular telephone:

(###) ###-####

E-mail address:

PERSONAL INFORMATION

Applicant Information

Gender:

Date of birth:

mm/dd/yyyy

Citizenship Information

Citizenship:

U.S. citizen

Dual U.S. citizen

Other country of citizenship:

U.S. Permanent Resident visa

Permanent Resident number:

Citizen of:

Other citizenship

Country:

Visa type:

If you are not a citizen and live in the United States, how long have you been in the country?

Optional Information

The following items are optional. No information you provide will be used in a discriminatory manner.

Social Security number:

###-##-####

Place of birth

City:

U.S. state/territory:

Country:

Ethnicity

If you wish to be identified with a particular ethnic group, please check all that apply:

- African American, African, Black
- Native American, Alaska Native
(tribal affiliation:)
- Asian American, country of family's origin:
 - Asian (including Indian subcontinent), country:
 - Hispanic, Latino, country:
 - Mexican American, Chicano
 - Native Hawaiian, Pacific Islander
 - Puerto Rican
 - White or Caucasian
 - Other (specify:)

First language, if other than English:

Language spoken at home:

ENROLLMENT INFORMATION

I am applying as a:

For the term beginning:

Possible area(s) of academic concentration/major(s):

Academic concentration/major 2

Undecided

Possible career or professional plans:

Undecided

Will you be a candidate for financial aid?

EDUCATIONAL INFORMATION

High School You Now Attend

High school:

Type of school:

CEEB code:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Date of entry:

 mm/yyyy

Date of graduation:

 mm/yyyy

Guidance counselor

First name:

Last name:

Telephone:

 (###) ###-####

Fax number:

 (###) ###-####

E-mail address:

Other High Schools Attended

Start with the most recent, list all schools, including summer schools and programs you have attended beginning with the ninth grade.

High school:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Dates attended:

to:

mm/yyyy

High school:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Dates attended:

to:

mm/yyyy

High school:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Dates attended:

to:

mm/yyyy

Test Information

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution as soon as possible. Please list your test plans below.

ACT						
Date taken/ to be taken	English	Math	Reading	Science	Composite	Writing
ACT 1 date <input type="text"/>	ACT 1 English score <input type="text"/>	ACT 1 math score <input type="text"/>	ACT 1 reading score <input type="text"/>	ACT 1 science score <input type="text"/>	ACT 1 composite score <input type="text"/>	ACT 1 writing score <input type="text"/>
ACT 2 date <input type="text"/>	ACT 2 English score <input type="text"/>	ACT 2 math score <input type="text"/>	ACT 2 reading score <input type="text"/>	ACT 2 science score <input type="text"/>	ACT 2 composite score <input type="text"/>	ACT 2 writing score <input type="text"/>
mm/yyyy						

SAT Reasoning Tests			
Date taken/ to be taken	Verbal/ Critical reading	Math	Writing
SAT Reasoning Tests 1 date <input type="text"/>	SAT Reasoning Tests 1 verbal/critical/reading score <input type="text"/>	SAT Reasoning Tests 1 math score <input type="text"/>	SAT Reasoning Tests 1 writing score <input type="text"/>
SAT Reasoning Tests 2 date <input type="text"/>	SAT Reasoning Tests 2 verbal/critical/reading score <input type="text"/>	SAT Reasoning Tests 2 math score <input type="text"/>	SAT Reasoning Tests 2 writing score <input type="text"/>
mm/yyyy			

SAT Subject Tests		
Date taken/ to be taken	Subject	Score
SAT Subject Tests 1 date <input type="text"/>	SAT Subject Tests 1 subject	

SAT Subject Tests 1 score

SAT Subject Tests 2 date SAT Subject Tests 2 subject

SAT Subject Tests 2 score

SAT Subject Tests 2 date SAT Subject Tests 2 subject

SAT Subject Tests 3 score

SAT Subject Tests 2 date SAT Subject Tests 2 subject

SAT Subject Tests 4 score <input type="text"/>
--

mm/yyyy

**Test of English as a Second Language
(TOEFL or Other Exam)**

Date taken/ to be taken	Score
TOEFL 1 date <input type="text"/>	TOEFL 1 date <input type="text"/>
TOEFL 2 score <input type="text"/>	TOEFL 2 score <input type="text"/>
mm/yyyy	

College Information

College/University:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Dates attended:

 to: mm/yyyy

Degree candidate?

College/University:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Dates attended:

 to: mm/yyyy

Degree candidate?

Activities Since Last Enrolled

Not currently attending school

Graduated from secondary school early

If either of the above check boxes applies to you, then describe in detail your activities since last enrolled:

ACTIVITIES AND INTERESTS

Academic Honors

Briefly list or describe any scholastic achievements or honors you have won since the ninth grade (e.g., National Merit, Dean's List):

Work Experience

List any jobs (including summer employment) you have held during the past three years.

Specific nature of work:

Employer:

Dates worked:

 to: mm/yyyy

Approximate number of hours spent per week:

Specific nature of work:

Employer:

Dates worked:

 to: mm/yyyy

Approximate number of hours spent per week:

Specific nature of work:

Employer:

Dates worked: to: mm/yyyy

Approximate number of hours spent per week:

Specific nature of work:

Employer:

Dates worked: to: mm/yyyy

Approximate number of hours spent per week:

Specific nature of work:

Employer:

Dates worked: to: mm/yyyy

Approximate number of hours spent per week:

Extracurricular, Personal, and Volunteer Activities

Please list your principal extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. Check in the right column those activities you hope to pursue in college. To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.

Activity	Grade level or postsecondary (PS)				PS	Approximate time spent		Positions held, honors won, or letters earned	Col?*
	9	10	11	12		Hrs/Wk	Wks/Yr		
Activity 1 name <input type="text"/>	Activity 1 - 9th grade <input type="checkbox"/>	Activity 1 - 10th grade <input type="checkbox"/>	Activity 1 - 11th grade <input type="checkbox"/>	Activity 1 - 12th grade <input type="checkbox"/>	Activity 1 - Postsecondary <input type="checkbox"/>	Activity 1 - 1 - hours per year <input type="text"/>	Activity 1 - 1 - weeks per year <input type="text"/>	Activity 1 position <input type="text"/>	Activity 1 plan to participate in college? <input type="checkbox"/>
Activity 2 name	Activity 2 - 9th grade	Activity 2 - 10th grade	Activity 2 - 11th grade	Activity 2 - 12th grade	Activity 2 - Postsecondary	Activity 2 - 2 - hours	Activity 2 - 2 - weeks	Activity 2 position	Activity 2 plan to participate

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ry <input type="checkbox"/>	per year	per year	<input type="text"/>	e in college? <input type="checkbox"/>
Activity 3 name <input type="text"/>	Activity 3 - 9th grade <input type="checkbox"/>	Activity 3 - 10th grade <input type="checkbox"/>	Activity 3 - 11th grade <input type="checkbox"/>	Activity 3 - 12th grade <input type="checkbox"/>	Activity 3 - Postsecondary <input type="checkbox"/>	Activity 3 - 3 hours per year <input type="checkbox"/>	Activity 3 - 3 weeks per year <input type="checkbox"/>	Activity 3 position <input type="text"/>	Activity 3 plan to participate in college? <input type="checkbox"/>	
Activity 4 name <input type="text"/>	Activity 4 - 9th grade <input type="checkbox"/>	Activity 4 - 10th grade <input type="checkbox"/>	Activity 4 - 11th grade <input type="checkbox"/>	Activity 4 - 12th grade <input type="checkbox"/>	Activity 4 - Postsecondary <input type="checkbox"/>	Activity 4 - 4 hours per year <input type="checkbox"/>	Activity 4 - 4 weeks per year <input type="checkbox"/>	Activity 4 position <input type="text"/>	Activity 4 plan to participate in college? <input type="checkbox"/>	
Activity 5 name <input type="text"/>	Activity 5 - 9th grade <input type="checkbox"/>	Activity 5 - 10th grade <input type="checkbox"/>	Activity 5 - 11th grade <input type="checkbox"/>	Activity 5 - 12th grade <input type="checkbox"/>	Activity 5 - Postsecondary <input type="checkbox"/>	Activity 5 - 5 hours per year <input type="checkbox"/>	Activity 5 - 5 weeks per year <input type="checkbox"/>	Activity 5 position <input type="text"/>	Activity 5 plan to participate in college? <input type="checkbox"/>	
Activity 6 name <input type="text"/>	Activity 6 - 9th grade <input type="checkbox"/>	Activity 6 - 10th grade <input type="checkbox"/>	Activity 6 - 11th grade <input type="checkbox"/>	Activity 6 - 12th grade <input type="checkbox"/>	Activity 6 - Postsecondary <input type="checkbox"/>	Activity 6 - 6 hours per year <input type="checkbox"/>	Activity 6 - 6 weeks per year <input type="checkbox"/>	Activity 6 position <input type="text"/>	Activity 6 plan to participate in college? <input type="checkbox"/>	
Activity 7 name <input type="text"/>	Activity 7 - 9th grade <input type="checkbox"/>	Activity 7 - 10th grade <input type="checkbox"/>	Activity 7 - 11th grade <input type="checkbox"/>	Activity 7 - 12th grade <input type="checkbox"/>	Activity 7 - Postsecondary <input type="checkbox"/>	Activity 7 - 7 hours per year <input type="checkbox"/>	Activity 7 - 7 weeks per year <input type="checkbox"/>	Activity 7 position <input type="text"/>	Activity 7 plan to participate in college? <input type="checkbox"/>	

*Do you plan to participate in college?

Short Answer

In 150 words or fewer, please describe which of your activities (extracurricular and personal activities or work experience) has been most meaningful to you **and why**.

FAMILY INFORMATION

Parent 1 Information

First name:

Middle name:

Last/Family name:

Living?

If no, date deceased: mm/yyyy

Gender:

Home address (if different from yours)

Street:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Home telephone:

(###) ###-####

E-mail address:

Current employment

Occupation:

Name of employer:

Work telephone:

(###) ###-####

Work e-mail address:

Educational background

Highest level of formal education:

Parent 2 Information

First name:

Middle name:

Last/Family name:

Living?

If no, date deceased: mm/yyyy

Gender:

Home address (if different from yours)

Street:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Home telephone: (###) ###-####

E-mail address:

Current employment

Occupation:

Name of employer:

Work telephone: (###) ###-####

Work e-mail address:

Educational background

Highest level of formal education:

Parents' marital status:

If divorced, date: mm/yyyy

With whom do you make your permanent home?

Legal Guardian's Information

First name:

Middle name:

Last name:

Address

Street:

City:

U.S. state/territory:

Zip code:

Country:

Int'l postal code:

Sibling Information

Please give names and ages of your brothers and sisters. If they have attended college, give the names of the institutions attended, degrees, and approximate dates.

First name:

Last name:

Age:

Institution:

Degree: Date: mm/yyyy

Institution:

Degree: Date: mm/yyyy

First name:

Last name:

Age:

Institution:

Degree: Date: mm/yyyy

Institution:

Degree:

Date: mm/yyyy

First name:

Last name:

Age:

Institution:

Degree:

Date: mm/yyyy

Institution:

Degree:

Date: mm/yyyy