Application for the Carleton Liberal Arts Experience

For more information about CLAE, visit www.carleton.edu/admissions/CLAE or contact Todd Olson at (800) 995-CARL, tolson@acs.carleton.edu

Instructions

1. Complete this application.
2. Attach additional sheets, if needed.
3. Mail this completed application to:
   Carleton Liberal Arts Experience
   Carleton College
   100 South College Street
   Northfield, MN 55057
4. Request that a copy of your transcript be sent to the address above.
5. All applications and transcripts must be postmarked by May 1, 2001 for complete consideration.

Personal Information

Student’s Name _____________________________________________________________________________________________________
First _________________________________Middle_____________________Last _____________________________________________________________________________________________________
Address ___________________________________________________________________________________________________________
Street ________________________________________City _____________________________State________Zip _____________________________________________________________________________________________________
Telephone (_____) _______________________
Date of Birth _____/_____/_____
Male           Female  (check one)
E-Mail Address (if applicable) __________________________________________________________________________________________
Present High School ________________________________________________________________________________________________
City ____________________________State ________________________________________________________________________________________________
Nominator’s Full Name (If not self-nominated) ___________________________________________________________________________

Family Information

Mother’s Name _____________________________________________________________________________________________________

Mother’s Home Telephone (_____) ________________________  Mother’s Work Telephone (_____) ________________________

Mother’s Address (if different from student’s address above)
______________________________________________________________
Street  City  State  Zip

Father’s Name _____________________________________________________________________________________________________

Father’s Home Telephone (_____) ________________________  Father’s Work Telephone (_____) ________________________

Father’s Address (if different from student’s address above)
______________________________________________________________
Street  City  State  Zip

Application Checklist

Please make sure:

☐ nominator sent your nomination to CLAE by April 1
☐ to complete and mail your application, including any attachments, by May 1
☐ to request that a copy of your transcript be mailed to CLAE by May 1

Application continued on other side
Student Essay Questions
Please answer each of these questions. If you use a separate sheet of paper, please attach.

1. List any school or community groups in which you have been involved. Please note any leadership roles you may have had within these groups.

2. What characteristics do you possess that identify you as a leader among your classmates?

3. Identify one of your favorite teachers or classes. What made this teacher or class such a memorable or unique experience?

4. What is your proudest achievement or what is the greatest obstacle you’ve had to overcome? What did you learn from this experience?

5. Is there any other information that you would like to have considered in your candidacy for the Carleton Liberal Arts Experience?

Student Signature
Please consider my application for the Carleton Liberal Arts Experience program, which runs from July 28 through August 4, 2001.

Applicant Signature _________________________________________________________

Date ______________________

Parent/Guardian Agreement
I support my son or daughter’s application for candidacy in the Carleton Liberal Arts Experience program.

Parent/Guardian Signature _______________________________________________________

Date ______________________

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