

Application for the Carleton Liberal Arts Experience

For more information about CLAE, visit www.carleton.edu/summer/clae or contact Todd Olson at (866) 767-2275, clae@carleton.edu

Instructions

1. Complete this application.
2. Attach all essays.
3. Attach letter(s) of recommendation from nominator and/or other(s).
4. Mail this completed application to:
Carleton Liberal Arts Experience
Carleton College
100 South College Street
Northfield, MN 55057
5. Request that an official copy of your transcript be sent to the address above (transcript must include freshman and sophomore grades).
6. All applications and transcripts must be postmarked by April 5, 2007, for complete consideration.

Application Checklist

Please make sure:

- nominator sent your nomination to CLAE by March 1
- to attach letter(s) of recommendation (at least one)
- to complete and mail your application, including any attachments, by April 5
- to request that an official copy of your transcript(s) be mailed to CLAE by April 5 (must include freshman and sophomore grades)

Name _____
LAST FIRST MIDDLE PREFER TO BE CALLED (NICKNAME, IF ANY)

Home Address _____
NUMBER & STREET CITY STATE ZIP

Mailing Address (if different) _____
NUMBER & STREET CITY STATE ZIP

Home Telephone () _____ Mailing Address Telephone () _____
AREA CODE AREA CODE

E-mail address _____ Date of Birth / / _____ Place of Birth _____
MONTH / DAY / YEAR

Gender I am a (please check one) Social Security Number - -
 Female U.S. Citizen
 Male Resident Alien (registration #) _____
 Non-Resident Alien

The items in this section are optional:

How would you describe yourself? (check all that apply)

- American Indian or Alaska Native (tribal affiliation): _____
- Hispanic/Chicano/Latino (please specify): _____
- Asian/Pacific Islander/Native Hawaiian (please specify): _____
- Black/African American
- White/Caucasian American
- Other (please specify): _____

First language, if other than English: _____ Language spoken at home: _____

Present School Public Parochial Private Foreign

Name _____

Address _____
NUMBER & STREET CITY STATE ZIP

Counselor _____ Telephone () _____
AREA CODE

Dates of Attendance _____ to _____ Current Grade in School _____

Previous Schools (since 9th grade)

Name _____ Location _____ Dates of Attendance _____ to _____

Name _____ Location _____ Dates of Attendance _____ to _____

see reverse side

To download a copy of this application or to read more about the program, visit www.carleton.edu/summer/clae

Family Information

First Parent's Name **Living?** Yes No

LAST FIRST MIDDLE

Home Address (if different from yours)

NUMBER & STREET CITY STATE ZIP

Employer **Occupation**

College(s) Attended and Degree(s) Earned

Second Parent's Name **Living?** Yes No

LAST FIRST MIDDLE

Home Address (if different from yours)

NUMBER & STREET CITY STATE ZIP

Employer **Occupation**

College(s) Attended and Degree(s) Earned

Please check if parents are married separated divorced other (please specify)

If you do not live with both parents currently, with whom do you make your permanent home and what is their relationship to you?

Brothers and Sisters:

Name **Age** **School or College**

Name **Age** **School or College**

Name **Age** **School or College**

Student Essay Questions

Please answer all questions. Type or print your responses on a separate sheet and attach to this form.

- 1 List any school or community groups in which you have been involved; include any leadership roles you have had within these groups.
- 2 What are your career goals at this time?
- 3 What is your proudest achievement or what is the greatest obstacle you have had to overcome? What did you learn from the experience?
- 4 Why do you want to participate in the Carleton Liberal Arts Experience?
- 5 Is there any other information that you would like to have considered in your application for the Carleton Liberal Arts Experience?

Student Signature

Please consider my application for the Carleton Liberal Arts Experience, which runs from July 14–20, 2007.

Applicant's Signature **Date**

Parent/Guardian Agreement

I support my son's or daughter's application for candidacy in the Carleton Liberal Arts Experience.

Parent or Guardian's Signature **Date**