



APPLICATION FOR ADMISSION

APPLICATION REQUIREMENTS

- Secondary School Recommendation (see attached)
- Official High School Transcript
- Standardized examination results (ACT/SAT/TOEFL/GED)
- Personal Essay/Writing Sample (3-4 paragraphs, please attach)
- Photo (optional)

Please check only one box in each section.

Section 1

- Fall 20____
- Spring 20____

Section 2

- Freshman Applicant
- Transfer Applicant
- Returning Student

Section 3

- College Housing
- Commuter

Section 4

- Full Time
(12 or more credit hours)
- Part Time
(11 or fewer credit hours)

Students applying to the Learning Disabilities Program and International students must complete a different application form.

Mail completed application to:
 Westminster College
 Office of Enrollment Services
 501 Westminster Avenue
 Fulton, Missouri 65251

PERSONAL INFORMATION

Legal Name: _____ Male Female
Last Suffix First Middle

Preferred Name: _____ Social Security Number: _____

*Current Address: _____
Number Street Apt. #

City State/Province Zip Code County (if Missouri) Country

Current Telephone: _____ E-mail: _____ Cell: _____

How do you prefer to be contacted? Phone E-mail Cell Phone

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____
Month/Day/Year

Have you ever been convicted of a felony? Yes No

Religious Preference: _____ Marital Status: _____ Veteran Status: _____

Primary Ethnic Background (optional): White, Non-Hispanic Asian or Pacific Islander Hispanic
 Black, African American American Indian, Alaskan Native Other _____

Additional ethnic background, i.e., Italian, Irish, German, Indian, etc.: _____

List the names of the other colleges to which you are applying: _____

How did you first learn about Westminster College? _____

What influenced you to apply to Westminster College? _____

Have you ever visited Westminster's campus? _____ if so, when? _____

*All mail will be sent to this address unless you indicate otherwise.

APPLICATION

I N F O R M A T I O N

APPLICATION CATEGORY

Freshman Applicants: Students are encouraged to apply as early as possible in their senior year. Students will be notified of a decision shortly after all application materials are received, in keeping with our rolling admissions policy. Additional information may be requested on an individual basis.

Transfer Applicants: Students requesting to transfer to Westminster may do so if the student is in good academic standing at another accredited college or university. An official transcript from every institution attended is required. Applicants with fewer than 30 credit hours of "C" or better will need to provide an official high school transcript with ACT or SAT results.

Returning Students: Students wanting to return to Westminster after leaving for at least a semester must apply and be accepted for readmission. Official transcripts of all college course work attempted since the student last attended Westminster must be sent to the College.

Program for Students With Learning Disabilities:

Students requesting admission through the Learning Disabilities Program need to contact the Office of Enrollment Services for a separate application form. This full support program is offered to a select group of highly motivated students on a space available basis. Other documentation is required including a diagnostic evaluation within the last two years, recent assessments, IEP, an un-timed ACT or SAT and recommendations.

Visit our web site at www.westminster-mo.edu for additional information about Westminster.

TUITION DEPOSIT

Following acceptance, students are asked to submit a \$200 tuition deposit as soon as possible. This deposit secures housing as well as a place in the incoming class. The deposit is not refundable after May 1.

SCHOLARSHIP AND FINANCIAL AID INSTRUCTIONS

Students who wish to be considered for merit-based scholarships must first apply for admission and be accepted. For a list of merit-based scholarships, please see our website at www.westminster-mo.edu.

Scholarship notification will be ongoing. If applying for need-based financial assistance, the Free Application for Federal Student Aid (FAFSA) must be completed, after January 1st each year. This form is available from high school counselors, Westminster's Office of Enrollment Services, or on-line at www.fafsa.ed.gov.

Mail all materials to:

Westminster College
Office of Enrollment Services
501 Westminster Avenue
Fulton, Missouri 65251

Questions?

(800) 475-3361 • (573) 592-5251
(573) 592-5255 fax
admissions@westminster-mo.edu
www.westminster-mo.edu

FAMILY INFORMATION

Parent's marital status: Married Separated Divorced—if divorced, mark Father remarried Mother remarried
Father deceased: Yes No Mother deceased: Yes No

Please indicate the parent or guardian with whom you legally reside and to whom all correspondence should be sent:
 Parents Father Mother Other _____

Father/Guardian's name, in full: _____ Mother/Guardian's name, in full: _____

Address: _____ Address: _____

Home Phone: (_____) _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Email _____ Email _____

Occupation & Title: _____ Occupation & Title: _____

Employed by: _____ Employed by: _____

Business Phone: (_____) _____ Business Phone: (_____) _____

College(s) attended: _____ College(s) attended: _____

Name(s) of Brothers and Sisters	Age	Grade	School presently attending or schools attended
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Alumni Relationships: List full name, relationship and class year of those family members who have attended or are attending Westminster College. _____

EDUCATIONAL BACKGROUND

List high school from which you will receive/have received your diploma/GED.

High School Name: _____ Graduation/GED Date: _____

High School Address: _____
Number Street City State/Providence Zip Code

ACT: _____ SAT: _____
Date Taken Score Date Taken Score

Please list your **current courses for this semester** (please indicate which ones are AP, IB or Honors, if any).

Please list any **dual credit** courses you have taken or are presently taking. _____

Have you ever been suspended or dismissed from any high school, college or university? Yes No If yes, please explain: _____

List all colleges and universities attended, including Westminster.

School Name	City & State	Dates Attended	Reason for Leaving
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Are you eligible to return to the last college or university you attended? Yes No

HIGH SCHOOL ACTIVITIES/VOLUNTEER EXPERIENCE

Please list your extracurricular and personal activities (school, community, church, work, etc.). *Be sure to highlight the activities in which you have demonstrated leadership roles.* **This information will be used for scholarship consideration. Please be thorough and attach a separate sheet, if necessary.**

Activity or Interest	Years of Participation					Average hours per week spent on this activity	Positions Held or Honors
	9	10	11	12	College		

HONORS & AWARDS

List academic distinctions, awards or special state or national programs in which you have been involved (i.e. Girl's State/Boy's State/A+ Program/Governor's Award/Scholar's Program, etc).

COLLEGE PLANS

Academic areas of interest (for a complete list, go to www.westminster-mo.edu):

Possible college activities of interest, including intercollegiate athletics, music groups, publications, etc.:

I authorize I do not authorize the College to publicize my accomplishments/awards in my local newspaper if I enroll at Westminster College.

I hereby apply for admission to Westminster College and certify that all of the information provided here is my own work and, to the best of my knowledge, complete and accurate.

Signature: _____ Date: _____

Westminster College does not discriminate on the basis of race, sex, color, religion, national and ethnic origin, or physical handicap in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.



SECONDARY SCHOOL

WESTMINSTER COLLEGE

O F F I C I A L R E C O M M E N D A T I O N

TO THE STUDENT:

Please complete the brief section below before giving this form to your college advisor, counselor or teacher. Be sure to allow ample time for the individual to respond before deadline dates. Applicants are responsible for ensuring the arrival of all materials necessary to complete their application including transcripts and recommendations.

I waive my right to view this form upon completion.

Please type or print in black ink.

Name of Applicant: _____
Last First Middle (Area Code) Telephone

Home Address: _____
Number Street City State/Providence Zip Code

TO THE HIGH SCHOOL OFFICIAL:

After completing the information below, please attach your statement of recommendation for this applicant. Return this form, the statement and an official copy of the applicant's transcript indicating class rank and grade point average, courses completed, current semester courses, record of testing to date, and designated honors or accelerated coursework to: Office of Enrollment Services, Westminster College. Please type or print in black ink.

Recommendation completed by (please print): _____ Title: _____

School: _____ H.S. Code: _____
(Area Code) Office Telephone

School Address: _____
Number Street City State/Providence Zip Code

How long have you known the applicant? _____ In what capacity? _____

Please complete:

- School: Public Non-Public Accredited by: State System Regional Accreditation Association
Percent of graduates entering 4 yr. Colleges _____ 2 yr. Colleges _____ Other _____
- Student's rank in-class, is _____ in class size _____, based on _____ semesters.
The rank is Weighted Unweighted Our school does not rank
- Student's GPA is _____ based on _____ semesters and _____ point scale. The GPA is Weighted Unweighted
- If school policy precludes any recommendations, please check here.
- In comparison to other college preparatory students at our school, the applicant's course selection is:
 Less than demanding Average Demanding Most Demanding Eligible for college prep certificate or equivalent?
- Your recommendation may be used for educational counseling and will be kept in the student's permanent record. If you wish to only have your recommendation considered for admission and scholarship purposes, and **not** included in the student's permanent file, please check here.

Please rate this applicant for admission to Westminster College on the basis of:

	Below Average	Average	Above Average	Well Above Average	Exceptional
Respect	_____	_____	_____	_____	_____
Accepts Responsibility	_____	_____	_____	_____	_____
Integrity/Fairness	_____	_____	_____	_____	_____
Initiative/Work Ethic	_____	_____	_____	_____	_____
Leadership Potential	_____	_____	_____	_____	_____

Words that come to mind quickly to describe this student:

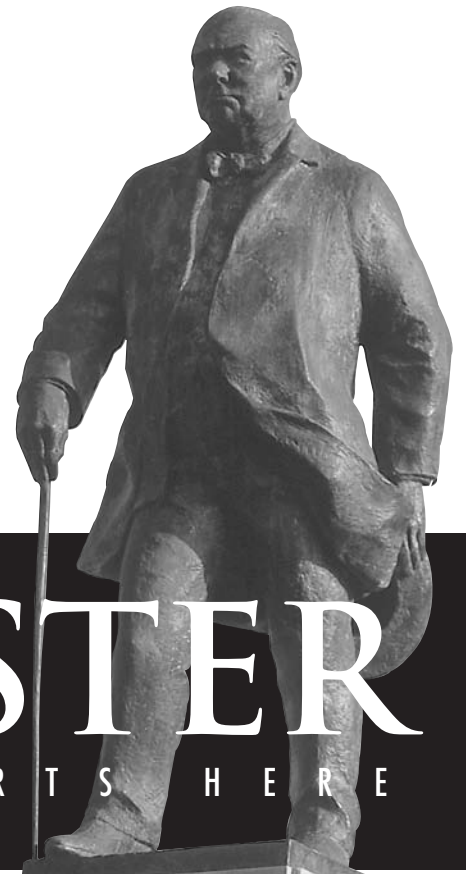
Please call me - I have additional comments to share.

Signature: _____ Date: _____



Office of Enrollment Services
(Admissions/Financial Aid)

501 Westminster Avenue
Fulton, Missouri 65251-1299
www.westminster-mo.edu



WESTMINSTER

T H E R O A D T A K E N S T A R T S H E R E

CHURCHILL