



# BENEDICTINE COLLEGE

Application for Freshman Admission

## General Information

1. Admission requested for:  Fall \_\_\_\_\_  Spring \_\_\_\_\_
2. Status:  Full-time  Resident On-Campus  
 Part-time  Resident Off-Campus

## Personal Information

3. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

4. Home Address: \_\_\_\_\_  
\_\_\_\_\_ (City) (State) (Zip)

E-mail address: \_\_\_\_\_

5. Home Phone: (\_\_\_\_) \_\_\_\_\_ 6. Social Security #: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ 8. City/State of Birth: \_\_\_\_\_

9. Marital Status: (Optional)  Single  Married  Separated  Divorced  Widowed

10. Gender:  Male  Female

11. Ethnic Background: (Optional)  African American  Asian/Pacific Islander  Hispanic  
 American Indian/Alaskan Native  Caucasian  Other: \_\_\_\_\_

12. Religious Affiliation: (Optional) \_\_\_\_\_ If Catholic, please name parish: \_\_\_\_\_

13. Are you a U.S. citizen?  Yes  No (If yes, go to question 14.) (City) (State)

If no, are you a permanent resident of the U.S.?  Yes  No  
If yes, copy both sides of Form I-151 or I-51 and send to Benedictine with your application.  
If no, you do not qualify for Federal/State financial aid assistance.

14. Please list any relatives who have attended, or who are currently attending Benedictine:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

## Family Information

15. Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
Home address is  same as yours  not same as yours
- Father's Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_
- Business Name & Address: \_\_\_\_\_
- College attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_ Class year: \_\_\_\_\_
16. Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
Home address is  same as yours  not same as yours
- Mother's Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_
- Business Name & Address: \_\_\_\_\_
- College attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_ Class year: \_\_\_\_\_
17. Parent's current marital status:  Single  Married  Separated  Divorced  Widowed  
If parents are separated or divorced, with whom are you currently living?  Mother  Father  Other \_\_\_\_\_
18. Please list the names and ages of any brothers and sisters. Please list names of school(s) they are currently attending. If in high school, please list his or her graduation year.
- \_\_\_\_\_
- \_\_\_\_\_

## Educational Preparation and Plans

19. List below high school(s) and/or preparatory schools you have attended. All secondary schools must be reported. Attach a separate sheet if necessary. Official transcripts must be sent to Benedictine College.
- Current School: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_
- (Address) (City) (State) (Zip Code) (Dates Attended)
- Other School(s): \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_
- (Address) (City) (State) (Zip Code) (Dates Attended)
20. Are you or have you taken courses for college credit?  Yes  No  
If yes, name the college/university that grants the credit. \_\_\_\_\_
21. Expected date of high school graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ H.S. CEEB Code: \_\_\_\_\_  
month day year
22.  Please check if you have a diagnosed learning disability or other disability which requires accommodations. (Please note that this will not be considered in the admission process.)

23. What is your intended major? \_\_\_\_\_

Career plans? \_\_\_\_\_

24. Do you plan to enroll in a major leading to a Bachelor's degree?  Yes  No  Undecided

25. Benedictine College requires American College Test (ACT), or the College Board Scholastic Aptitude Test (SAT) scores for admission. Official scores from the testing agencies must be submitted as soon as possible. (If the official score tape appears on the official high school transcript, this will satisfy the requirement.) Please list your test dates below.

ACT date(s) taken: \_\_\_\_\_ SAT date(s) taken: \_\_\_\_\_

26. Please list all academic honors: \_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

27. Please tell us what your special skills and talents are: \_\_\_\_\_

\_\_\_\_\_

### Extracurricular Activities

28. Please list your principal extracurricular activities (school, church, community, athletics) in order of importance to you. Include leadership roles held and/or honors earned. Please include dates of participation.

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_ Years: \_\_\_\_\_

29. Which of the above would you like to continue in college? \_\_\_\_\_

30. Please list your work experience (if applicable). \_\_\_\_\_

\_\_\_\_\_

31. Please give a personal statement indicating why you want to attend Benedictine College.

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32. Who influenced you to apply to Benedictine: \_\_\_\_\_

33. At this time, Benedictine College is my  first choice  second choice  third choice  undecided.

**Application Process**

In order for the application file to be complete, the student must submit the following in addition to the completed application:

- Official high school transcript(s) of any and all secondary schools attended
- Completed high school guidance counselor recommendation form
- Official results of the ACT or SAT tests
- \$25.00 application fee

Check and money orders should be made payable to Benedictine College. You may pay by Visa or MasterCard.

Visa      Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

MasterCard      Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card holder signature: \_\_\_\_\_

The applicant and parent(s)/guardian understand and agree that the application for admission, the official high school transcript and any other information received by the Office of Admission are the property of Benedictine College and shall be considered confidential. Only enrolled students have access to the contents of their application files.

It is further understood and agreed by both the applicant and the parent(s)/guardian that Benedictine College is a private institution and, as such, retains the right to terminate a student's matriculation to Benedictine College at any time.

The applicant claims that all information contained herein, to the best of the applicant's knowledge, is true, correct and complete. The applicant further agrees to promptly notify Benedictine College of any changes to this application prior to matriculation.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed application and all required documentation to:

Benedictine College  
Office of Admission  
1020 North Second Street  
Atchison, KS 66002-1499



Counselor Evaluation/Recommendation  
 Please return to:  
 Benedictine College  
 Office of Admission  
 1020 North Second Street  
 Atchison, KS 66002-1499  
 Phone: 800-467-5340  
 Fax: 913-367-5462

### Applicant Information

After completing this section, give this form to your high school guidance counselor.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

I waive my right to access the information contained herein. Signature: \_\_\_\_\_

### High School Guidance Counselor

After completing this form, please return to Benedictine College Office of Admission (see address above).

How long have you known the applicant? \_\_\_\_\_

In what context(s) have you known the applicant? \_\_\_\_\_

Please rate the student for each of the following characteristics (circle one number):

	No Basis for Judgement	Below Average	Average	Above Average	Excellent	Truly Outstanding
Motivation for College Work	0	1	2	3	4	5
Intellectual Ability	0	1	2	3	4	5
Analytical Ability	0	1	2	3	4	5
Creativity	0	1	2	3	4	5
Breadth of General Knowledge	0	1	2	3	4	5
Written Expression	0	1	2	3	4	5
Oral Expression	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Resourcefulness	0	1	2	3	4	5
Emotional Maturity	0	1	2	3	4	5
Cooperation	0	1	2	3	4	5

Is the academic record a true representation of the student's ability, or have outside circumstances affected achievements?

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Potential for success at Benedictine College:

Little Success     May Encounter Some Difficulty     Average     Above Average     Superior

I recommend this student:     With Reservation     Without Reservation     Strongly

Please comment on what you feel are this student's greatest strengths and any areas where improvement is needed. Make any additional comments about this student you feel the committee should know. (Attach a separate sheet if necessary.)

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

High School: \_\_\_\_\_ H.S. CEEB code: \_\_\_\_\_

High School Address: \_\_\_\_\_

(City)

(State)

(Zip)

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time in filling out this recommendation.  
Please return completed form to:

Benedictine College  
Office of Admission  
1020 North Second Street  
Atchison, KS 66002-1499