

# APPLICATION FOR ADMISSION TO THE MIAMI UNIVERSITY JUNIOR SCHOLARS PROGRAM

Please return to: Miami University, Office of Admission, 301 S Campus Avenue, Oxford, Ohio 45056-3434

Application deadline: **Domestic** - May 15, 2009; **International** - April 1, 2009

Program dates: **June 28, 2009 to August 9, 2009**

*Please type or print clearly.*

**OFFICE USE ONLY**

TRAN \_\_\_\_\_  
 SCHD \_\_\_\_\_  
 REC \_\_\_\_\_  
 QUES \_\_\_\_\_  
 SIG \_\_\_\_\_  
 PLAN/PSAT \_\_\_\_\_  
 ACT \_\_\_\_\_  
 SAT/CR \_\_\_\_\_  
 SAT/M \_\_\_\_\_

1. \_\_\_\_\_  
 Last name First name (legal) Middle (full)

2. \_\_\_\_\_  
 Permanent Address, Number, and Street

3. \_\_\_\_\_  
 City State ZIP/Postal Code Country

4. \_\_\_\_\_  
 (Area Code) Telephone E-mail Address Fax

5. Gender:  Female  Male 6. \_\_\_\_\_  
 Date of Birth (month/date/year)

7. Social Security Number (optional) \_\_\_\_\_

8. Citizenship:  Citizen of the United States of America  Non-US citizen  
 Country of Citizenship: \_\_\_\_\_ Visa Type: \_\_\_\_\_  
*If you are applying as a permanent resident, you must supply a copy of your Resident Alien card with this application.*

9. Are you an Ohio resident?  Yes  No (If you are applying as an Ohio resident, but you are not living in Ohio or are not attending an Ohio high school, include with this application an explanation of why we should consider you an Ohio resident).  
 Have you lived in Ohio for the preceding 12 consecutive months?  Yes  No

10. \_\_\_\_\_  
 High School City State ZIP/Postal Code Date of Graduation (Month/Year)

11. Tests You Have Taken:  PSAT  PLAN  ACT  SAT  TOEFL

12. \_\_\_\_\_  
 Contact in case of emergency Relationship (Area code) Telephone

13. Miami University welcomes students from all ethnic and racial backgrounds. If you would like to be identified as a member of a particular race or ethnicity, please check **one** box next to the group with which you most closely identify. (optional)

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Mexican American, Chicano
<input type="checkbox"/> American Indian or Alaska Native (tribe affiliation) _____	<input type="checkbox"/> Native Hawaiian, Pacific Islander
<input type="checkbox"/> Asian American (country of origin) _____	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Asian, including Indian Subcontinent (country) _____	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Hispanic, Latino (country) _____	<input type="checkbox"/> Other (specify) _____

***I have read and understand the eligibility requirements for participation in the Junior Scholars Program. I am aware that my performance in this program will be part of my permanent record at Miami University. Furthermore, I certify that all information in my application is factually true and honestly presented.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***My son/daughter has my permission to apply for admission to the Junior Scholars Program.***

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other required information:**

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  Yes  No

2. Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

*If you answered "Yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MIAMI UNIVERSITY JUNIOR SCHOLARS PROGRAM

Principal, Counselor, or Teacher: *Complete Recommendation*

**Recommendation or Comments** (*please type or print clearly*):

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1. In your judgment, does the student have the necessary maturity to be a residential college student at this time?  Yes  No

2. I recommend the above student for admission to Miami University's Junior Scholars Program. He/She ranks in the top 10% of his/her class or has maintained an academic average of 3.5 or above. He/She will have completed \_\_\_\_\_ academic credits by the end of the current academic year.

Name of Principal, Counselor or Teacher \_\_\_\_\_  
(Please type or print - include first name and last name.)

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Miami University is proactive in providing equal access to University-sponsored events and programs. If you are an individual with a disability and need to request a reasonable accommodation, please contact the Office of Disability Resources (ODR) at [ODR@muohio.edu](mailto:ODR@muohio.edu) or (513) 529-1541 (Voice/TTY). Please give ODR at least 48 hours notice to ensure services.

**Program Coordinates:** Voice: +1 513-529-5825 Fax: +1 513-529-1498  
E-mail: [juniorscholars@muohio.edu](mailto:juniorscholars@muohio.edu)  
URL: <http://www.muohio.edu/juniorscholars/>



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**REMEMBER TO ENCLOSE AN OFFICIAL TRANSCRIPT IN AN ENVELOPE SEALED BY YOUR SCHOOL.**