



JULY EXPERIENCE APPLICATION

June 28 – July 18, 2020

**Print legibly, please.*

Completed application must be emailed, faxed or received by mail on or before:
March 2, 2020 (Priority)
April 1 (Final)

APPLICANT/CONTACT INFORMATION

Name: Last _____ First _____ Middle _____ Preferred Name _____

Student Email We will communicate with you almost exclusively through email. Please provide an e-mail address that you check regularly.

Mailing Address: Street _____ City _____ State _____ Zip Code/Country (if not US) _____

*Are you boarding at school? Yes ____ No ____ (if yes, please complete below)

Boarding School Street Address _____ City _____ State _____ Zip Code/Country (if not US) _____

*Is your permanent address different from your mailing address? Yes ____ No ____ (if yes, please complete below)

Permanent Street Address _____ City _____ State _____ Zip Code/Country (if not US) _____

Student's Cell _____ **Home Phone** _____

Please indicate your consent to be contacted by Davidson College at the cell phone number provided above. Contact methods may include phone calls generated from an automated telephone dialing system or text messaging. Yes ____ No ____

BIOGRAPHICAL INFORMATION

Date of Birth: _____ **Birth City:** _____ **Birth State:** _____ **Birth Country:** _____
(MM/DD/YY)

Sex assigned at Birth: Male ____ Female ____

If you would like the opportunity, we invite you to share more about your gender identity: _____

Citizenship: U.S. Citizen ____ U.S. Dual Citizen ____ U.S. Permanent Resident ____ U.S. Refugee or Asylee ____
Non-U.S. Citizen ____ Undocumented ____

*Specify Citizenship: _____ Specify Dual Citizenship: _____

*Visa Type: _____

Ethnic/Cultural Background (optional): Are you Hispanic or Latino (including Spain)? Yes ____ No ____

Regardless of your answer to the prior question, please indicate how you identify yourself: (Check one or more)

American Indian or Alaskan Native ____ Asian ____ Black or African American ____
Native Hawaiian or Other Pacific Islander ____ White ____ Other ____

Language spoken at home: _____

SCHOOL INFORMATION

High School: _____ City/State: _____

School Type: Public _____ Independent _____ Parochial _____ Home School: _____ Other (explain) _____

Graduation Month: _____ Year: _____

*List all other secondary schools (grades 9-12) and colleges you have attended:

(1) School Name _____

School City, State: _____ Dates attended: _____

School Type: Public _____ Independent _____ Parochial _____ Home School: _____ Other (explain) _____

(2) School Name _____

School City, State: _____ Dates attended: _____

School Type: Public _____ Independent _____ Parochial _____ Home School: _____ Other (explain) _____

If you receive college counselling or assistance from a community-based organization (such as KIPP, Prep for Prep, Schuler Scholars, LEDA, A Better Chance, etc.), please specify one or more: _____

ACADEMIC INFORMATION

List your cumulative **UNWEIGHTED** GPA: _____

Estimate your class rank: (circle one)

Top 10% Top 20% Top 30% Top 50% Lower than 50% Does not rank

Estimate your class size: _____

List your planned course selection for the **UPCOMING 2020-2021 school year**. Include any Honors/AP/IB/Advanced designations. *please make sure that your transcript shows all current year courses.

ENGLISH/LANGUAGE ARTS: _____

FOREIGN LANGUAGE: _____

LAB SCIENCE: _____

SOCIAL SCIENCE: _____

MATHEMATICS: _____

OTHER: _____

OTHER: _____

OTHER: _____

Highest scores (if taken): SAT: _____ PSAT: _____ ACT (composite): _____

*Highest TOEFL or IELTS score (encouraged for international students): _____

PARENT/GUARDIAN INFORMATION

Parent I/Guardian

Name: _____
Last First

Gender: _____

Parent/Guardian I email: _____
(NOTE - If applicant is accepted, communications with parent/guardian will be through email)

Preferred Phone Number: _____

*Address (if different from yours):

Street

City, State Zip

Parent II/Guardian

Name: _____
Last First

Gender: _____

Parent/Guardian II email: _____
(NOTE - If applicant is accepted, communications with parent/guardian will be through email)

Preferred Phone Number: _____

*Address (if different from yours):

Street

City, State Zip

PARENT/GUARDIAN OCCUPATION INFORMATION:

Title/Occupation: _____

Employer/Firm: _____

Title/Occupation: _____

Employer/Firm: _____

PARENT/GUARDIAN COLLEGE INFORMATION (if attended):

Undergraduate Institution: _____

Undergraduate Degree: _____

Graduate Institution: _____

Graduate Degree: _____

Undergraduate Institution: _____

Undergraduate Degree: _____

Graduate Institution: _____

Graduate Degree: _____

ADDITIONAL HOUSEHOLD INFORMATION

Parents' marital status (circle one):

Married Widowed Separated Divorced Other

If other, please specify: _____

With whom do you make your permanent home? (circle one)

Both Parents/Guardians Parent I/Guardian Parent II/Guardian Other

If other, please specify: _____

Names, ages, and grade level of siblings and, if applicable, colleges attended:

DISCIPLINARY HISTORY

Have you ever been placed on probation, suspended, or dismissed from school, convicted in court (other than for traffic violations), or found guilty of honor code violations?

No _____ Yes _____ ***If yes, please attach a complete explanation.*

SHORT ESSAY

On a separate sheet, please respond to the following in no more than 300 words:

Why would you like to participate in July Experience, and what will you contribute to the July Experience community?

RECOMMENDATIONS & TRANSCRIPTS

To complete your application the following supplemental materials are required:

- (1) High School Transcript (with current year courses and most recent grades)
- (2) School Profile
- (3) Counselor Recommendation Form
- (4) Core Academic Teacher Recommendation Form

Links to PDF and digital versions of the counselor and teacher recommendation are located on the July Experience web page. **It is your responsibility to communicate with your recommenders** and provide them with either copies of the form or share the appropriate link. Recommendations are due by the same deadline as your application.

ADDITIONAL QUESTIONS

Will you be applying for need-based financial aid? Yes _____ No _____

* Note that the financial aid application and *all supporting documents* (found on the July Experience website) are due by **March 2, 2020 (Priority)**. You may submit an application until our **April 1 (Final)** deadline but know that financial aid availability will be limited.

How did you hear of the July Experience Program? _____

SIGNATURE

By providing my signature and date below, I certify that all information submitted on this application is my own work, factually true, and honestly presented. I understand that this is a three-week program and am expected to participate and remain on campus for the entire program.

Signature of Applicant

Date

Materials needed to complete application:

- Application
- Official transcript & school profile
- Recommendation Forms (2)
- Short Essay Answer
- **Financial Aid application (if applying)*

Send Materials to:

July Experience at Davidson College
Box 7151, Davidson, NC 28035

Fax: 704-894-2016
Email: julyexp@davidson.edu