Freshman Application for Admission and Academic Scholarships



THERE IS NO APPLICATION FEE.

Application for admission
is also available at
apply.truman.edu

PLEASE PRINT

1. Full legal name							
Last	First	3. d. l. d		mer Last Name Used		ferred Name	
Social Security number Required for financia	3. t Il aid consideration	Birthdate	Day	4. Telephone	່ cell or Dome Area Co	ode	
5. Email address				ould you like updates			□No
6. Current address							
Number and Street				City			
County		State			ZIP		
7. Permanent address		State			211		
Number and Street				City			
County		State			ZIP		
8. Gender*	9 Poligious pr						
		elerence (optional)					
10. Please answer both of the following of	•	1] v	N.L.			
10a. Predominate race/ethnic backgr					□ .		
10b. Please also check one or more of	-						
☐ Black or African-American		ian or Other Pacifi	: Islander	☐ White/Caucasia	n		
11. Are you a U.S. Citizen? \square Yes \square I							
11a. If no, are you a Lawful Permanen		,					
11b. If you are NOT a U.S. Citize	en or Lawful Pe	rmanent Reside	nt, please i	respond to the follow	ing:		
What is your legal U.S. immigration v	isa status?						
(Please specify and attach a copy of your passp	ort information & visa	page, I-94, and any app	roved or pend	ling change of status reque	ests.)		
*Ethnicity and gender are important data in determining the					1.=1		
Complet	ion of items 12	13 is optional if	you are 22	l years of age or o	lder.		
12. Father's name							
	Last	Fi	rst		Middle		
Father's Address: Number and Street		City			State	ZIP	
Father's telephone	Other [cell or		email	State	@	
Area Code		work Area Code	_				
o o		an/Northeast Alum		□ No			
College(s) attended/Degree(s) earned							
Occupation		Em	oloyer				
13. Mother's name							
	Last	F	rst		Middle		
Mother's Address: Number and Street		City			State	ZIP	
Mother's telephone	Other	cell or		email	State	@	
Area Code		work Area Code					
Mother a high school graduate? \square Yes		nan/Northeast Alur					
College(s) attended/Degree(s) earned							
Occupation		Em	oloyer				
14. When do you plan to enroll at Truman? 2	0	□ Spring □ Sum	ner 🗆 If s	ummer also enrolling fo	or Fall? Yes	□No	
15. Your possible major area(s) of study?				ultilitier, also ethiolillig ic	n rail: 🗀 ics	□ 1 10	
				and an and American February in			
15a. Please mark any pre-professional in							
pre-chiropractic pre-optomet			onai tnerapy	☐ pre-medical techn	ology \square pre-f	onarmacy	
pre-physical therapy pre-physical therapy						\neg	
15b. If interested in a teaching career, pl			•	•	•	_ pre-special e	education
15c. If undeclared, please mark a gener		•					
15d. If business administration, please n	nark one of the fol	lowing: Finance	Internat	ional Business Mar	nagement ΠΛ	Narketing	

16. Please list any siblings who currently attend or	have attended Truman State University.			
Name	Relationship	\square Previously Enrolled \square Currently Enrol	olled	
Name	Relationship	\square Previously Enrolled \square Currently Enrolled		
Name	Relationship	\square Previously Enrolled \square Currently Enrolled	olled	
17. Have you been designated as a National Merit	semi-finalist?			
18. Did you participate in Missouri Girls State/Mis	souri Boys State?			
19. Did you participate in Missouri Scholars Acade	my? 🗌 Yes 🔲 No			
20. Are you participating in and expected to comp	olete the Missouri A+ Schools Program? \Box	Yes ☐ No		
21. Are you a candidate for an International Baccal	laureate (IB) diploma?			
22. What is your U.S. Armed Forces status? \qed	None \Box Currently serving \Box Previous	ously served		
\Box Dependent or spouse of veteran \Box D	ependent or spouse of current service member	er		
23. Did either of your natural or adoptive parents	complete a college degree? $\ \Box$ Yes $\ \Box$ I	No		
24. How did you first learn about Truman State U	niversity?			
Academic Information:				
25. I have taken the ACT or SAT – indicate month	and year: ACT (dates)	SAT (dates)		
I plan to take or retake the ACT or SAT – indi	cate month and year: ACT (dates)	SAT (dates)		
26. List the high school from which you graduated	or will graduate:			
		High School Name		
City County	State ZIP	Graduation DateMonth/Year		
27. If you did not graduate from high school and h	ave taken the GED, please indicate the date	Month Year		
Office of Admission, Truman State Un	and a transcript documenting any high school couniversity, 100 E. Normal Avenue, Kirks	ville, MO 63501.		
28. Have you ever applied to or attended Truman	, , ,	• •		
·	ast enrolled at Truman/Northeast?		1. 1	
29. If you have enrolled in college credit courses w	•	, .		
, 0	, , ,	ranscripts from each college or university must be	3	
submitted to Office of Admission, Truma	n State University, 100 E. Normal Ave	nue, Kirksville, MO 63501		
when all coursework is completed.				
Name of College	Location (City/State)	Dates of Attendance Hou From To Compl		
Answers to 31a and 31b Required 31a. Have you ever been found responsible for a control behavioral misconduct, resulting in your probable. Have you ever been arrested for a misdemean	ation, suspension, removal, dismissal or expuls		or	

High School Transcript/Senior Year Course Work

32. Please list in progress (senior year) courses below and request that an official copy of your high school transcript be sent to:

Office of Admission, Truman State University, 100 E. Normal Avenue, Kirksville, MO 63501.

Subject Area	In Progress (Senior Year) Course Title	Fall Course	Spring Course
English			
Mathematics			
Social Studies			
Science			
Fine Arts			
Foreign Language			
Additional Course Work			
year of fine arts. Recommended Activity Information: 33. Please attach an additional so Activity information will be of Truman's competitive scholar of involvement (including po	commended), 3 years of social studies/history, 3 years of science, 2 years of the same red courses for the fourth year of math include trigonometry/analytic geometry, pre-calculus, considered in the admission review process and must be provided by December I to receive urship programs. We welcome information that highlights leadership development, demonstrations held and dates of office) and provides insight into special talents/abilities, honors, award. I will send/email my activity list separately.	er and paid wo ee full considerates depth and rds, or other r	analysis, etc. rk experience. ation for /or breadth
considered in both the admi in response to one of the fo Option 1: Please write abou Option 2: "I soon realized that -LILLIAN SMITH There is something discovery; a mean	01 1	ach page of yon to the world with th	ur submission thin."
☐ Athletics—specify sport ☐ Student media ☐ Instrume	e activities in which you are interested in participating:		

regulations and policies established by the Board of Governors of Truman State University. I understand that transcripts from high school and all colleges attended must be on file with the University before I will be eligible for acceptance. First Last Name Applicant's Signature ___ **Student Academic Information** (to be completed by the PRINCIPAL or COUNSELOR). Please enclose a copy of student's transcript or send separately to: Office of Admission, Truman State University, 100 E. Normal Avenue, Kirksville, MO 63501. **PLEASE PRINT** This is to certify that _ Name of Student ____ in a class of _____ seniors at the end of ____ semesters at ___ Name of High School ACT High School code number ______ located in _____ Telephone No. Cumulative Grade Point Average (grade 9 to present) _____ On what scale? ___ SAT ACT Date Taken Std. Scores Std. Scores How would you rate this student's prospects for success at Truman? \square Doubtful of success \square Below Average \square Average \square Above Average \square Outstanding Please present any additional information of value in an admission decision regarding this student. Full name and title of high school official Signature of Certifying High School Official Date NOTICE OF NONDISCRIMINATION - In compliance with federal law and applicable Missouri statutes, the University does not discriminate on the basis of sex, disability, age, race, color, national origin, religion, sexual orientation, or veteran status in admission to or employment in its education programs or activities. The University complies with the regulations implementing Title VI and Title VII of the Civil Rights Act of 1964; Title IX of the Education Amendments Act of 1972; Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and other state and federal laws and regulations. Inquiries: Inquiries concerning the University's compliance may be referred to Sally Herleth, Human Resources Director, 101 McClain Hall; 100 East Normal Avenue, Truman State University, Kirksville, MO 63501. Telephone (660) 785-4031. Inquires may also be directed to Office for Civil Rights at: OCR.KansasCity@ed.gov. Approved and Adopted by the Board of Governors December 1, 2012 Freshman Application Checklist ☐ Completed/signed Freshman Application for Admission ☐ Admission essay Official High School Transcript (may be mailed directly from Activity information (optional for admission; must be provided the high school) by **December I** for full consideration in competitive ☐ ACT or SAT scores (on high school transcript or reported scholarship review.) directly from the testing agency) Truman's ACT code - 2336; SAT/College Board code - 6483

I hereby certify that to the best of my knowledge the information on this application is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal with forfeiture of all my fees and/or deposits. Further, I agree to accept and abide by all rules,