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## College Interest Form

Last: \_\_\_\_\_ M: \_\_\_\_\_ First: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State : \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA (Grade Point Average): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please list four College or University of your interest:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Intended Major or Field of Study : \_\_\_\_\_

Do you want to participate in sports? Yes / No

If yes what sports? \_\_\_\_\_