Savannah State University
Pipeline Program Application

“Leading you on the path of academic excellence”

For More Information Contact:
Margaret A. Garcia
912-356-2244 Phone
912-356-2299 Fax

Keep a copy for your files and return the completed application to:
Savannah State University
Pipeline Program
P. O. Box 20243
Savannah, GA 31404
Legal Name: ________________________________

SSN: ________________________________

Permanent Address: ________________________________ Street City State Zip

Telephone Number: (____) _________ - ___________

Sex: _____Male _____Female

Are you a U.S. citizen? _____Yes _____No

What is your ethnicity?
_____ African American _____ American Indian
_____ Alaskan Native _____ White
_____ Hispanic _____ Other (specify) ______________________

Do you live with your _____Parent(s) or _____Guardian(s)?

Parent’s or Guardian’s Name: ________________________________

Name of High School: ________________________________

Have you taken the SAT? _____Yes _____No
If yes, what was your score? ____________________

What are your future career goals? ________________________________

Do you plan to attend Savannah State University? _____Yes _____No

I certify that the information given on this application is correct.

______________________________  ________________________
Signature of Applicant               Date
Parental Consent Form for Release of Student Records

As the Parent/Legal Guardian of _____________________________________, I hereby (Name of Student) authorize the Superintendent of Schools or his/her designees to release all of his/her records listed below to the following agency and its Designees:

Savannah State University
Pipeline Program
P.O. Box 20243
Savannah, GA 31404

Records include (if applicable):
Attendance
Testing Data
Grade Transcripts/Progress Reports

I further authorize the release of all information, to the Pipeline Program, regarding the student’s educational, physical, and social adjustment in school as long as the above named student is a participating in the Pipeline Program.

I further understand that I may review the transferred records by making such request of the Principal, and may also have all or part of these records properly interpreted as necessary by appropriate school personnel.

________________________________________________________________________
Signature of Parent/Guardian Date
Application Checklist

_____ Completed application form

_____ Essay on your academic goals (300-400 words)

_____ Three official letters of recommendation (One from applicant’s high school counselor and two from applicant’s current teachers of college preparatory courses.)

_____ Official copy of high school transcripts

Completed applications must be received by May 22