SAVANNAH STATE UNIVERSITY Peach State Louis Stokes Alliance for Minority Participation Application Form

Name:					
(First)	(Middle)	(Last)			
SSN#:		(SSU ID#)			
Date of Birth:		(330 10#)			
E-mail Address:					
Mailing Address (All correspondence	e will be sent to this address):				
Street Address:					
City:	State:	Zip:			
Home Phone: ()	Cell Phon	ne: ()			
Gender: Male	Female				
Race/Ethnicity:					
African American	White/Ca	aucasian			
Asian/Pacific American (please	e specify)				
Latino/Hispanic (please specif	y)				
Native American/American Inc	dian (please specify tribal affili	ation)			
Other (please specify)		_			
		nt Resident Georgia Resident			
Parent/Guardian: Name:		Phone: ()			
Current Student Status: If Student	at a College/University:				
Institution:	City:	State: Zip:			
Major:	Credit Hours Co	ompleted: GPA:			
Year Expected Date of Graduation	ı:				
Do you receive Hope Scholarship?	Yes No 1	If 'Yes', attach a copy of the award.			
Are you receiving any scholarship	from federally funded prog	grams? If 'Yes', name the program.			
If Student Graduating from High	School:				
School:	City:	State: Zip:			

Indicate below, examinations; t						llowing
EXAMINATION	VERBAL (Score)	MATH (Score)	COMPOS: (Score	ITE D	ATE TAKEN	WILL TAKE
SAT	(Bedie)	(Bedie)	(50010	,		
9711						
ACT						
Have you applie	d for admissio	n to Savannah	State Univers	sity?	Yes	No No
Have you been a	admitted to Sa	vannah State	University?		Yes	No
Extracurricular A	Activities: List	anv extracurricu	ılar activities, av	wards, spec	ial recognition	. achievements
in sports/athletics				, 5,555		, admorant
References: Two	references (un	iversity professo	rs/school teach	ers) that vo	u have asked	to write
recommendation	•	, p		0.0, 0.00, ,		
Reference 1						
Name:			Institu	tion:		
Street Address						
Street Address:						
City:			State:	Zip:		
Phone: ()			Email:			
Reference 2						
Name:			Institutio	n.		
			Institutio	····		
Street Address:						
City:			State:	Zip:		
Dhamar (F! -			
Phone: ()			Emaii:			
Personal Statem address the follow		onal statement ((about 300 word	ds and type	d/word-proces	sed) should
	- ,					
		are interested in				er aspirations
		of Savannah Sta				
•	onal traits/skills	s/abilities to fully	y benefit from a	nd also to c	ontribute to th	ie PSLSAMP
program						
Signature of App	nlicant:			Data		
Signature or App	piicaiiti			_ שמנפ	·	
Please mail you	r application a	long with vou	r transcript, tw	vo referenc	ce letters and	l personal
statement to:		-				-
M		ks, Program M	anager P.O. E	Box 20119,	Savannah, G	A 31404
Te	el: 912 358-32	70	E	mail: <mark>spark</mark>	sh@savanna	hstate.edu