WINTHROP THINK COLLEGE STUDENT INFORMATION

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ ** Social Security Number _____

E-mail Address _____

Is the applicant their own legal guardian? (Circle one) YES NO If no, include appropriate legal documentation

** Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcript or accountability research.

This section is to be completed by the applicant only.

It may include additional pages when completed.

This questionnaire is used for assessment of each student's writing skills, critical thinking skills and creativity. It can be written by hand or typed.

1. Why do you wish to be considered for Winthrop Think College?

2. What kind of job would you like once you complete WTC?

3. What do you do in your free time?

4. What do you want to study in college?

5. Is there anything you want to learn that you haven't already in high school?

STUDENT INFORMATION (CONT.)

6. What is your favorite hobby or sport?

7. Have you been away from your family for an extended period of time? YES NO If yes, please explain.

8. How do you feel about living away from your family?

9. Do you spend time with friends outside of school? YES NO

If yes, what do you like to do with your friends?

10. What types of internships are you interested in?

11. Discuss two goals you have for your future upon completion of Winthrop Think College.

12. Do you have social media accounts? YES NO If yes, do you use your accounts regularly? YES NO

13. Please use this space to provide us with any additional information about yourself that you wish to share.

WINTHROP THINK COLLEGE EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING

PLEASE INCLUDE PAID AND UNPAID EMPLOYMENT, SCHOOL-BASED EMPLOYMENT TRAINING AND INTERNSHIPS. EMPLOYMENT EXPERIENCE IS NOT A REQUIREMENT FOR ADMISSION.

No work history

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor_____ How did you obtain this job:_____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor_____ How did you obtain this job:_____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

PAID EMPLOYMENT/INTERNSHIP/VOLUNTEER EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Supervisor_____ How did you obtain this job:_____

Responsibilities _____

Reason for leaving _____

Dates _____ to _____ Paid Internship Volunteer

WINTHROP THINK COLLEGE EMPLOYMENT REFERENCES

Please provide contact information for three references. Remember to ask your references before sharing their contact information.

Full name _____ Relationship _____

Company_____Phone_____

Address_____E-mail_____

City _____ State _____ ZIP Code _____

Full name _____ Relationship _____

Company_____Phone_____

Address_____E-mail_____

City _____ State _____ ZIP Code _____

Full name _____ Relationship _____

Company_____Phone_____

Address_____E-mail_____

City _____ State _____ ZIP Code _____

FAMILY INFORMATION

STUDENT LIVES WITH:

Two Parents Mother Father Guardian(s) _____

Other_____

PARENT/GUARDIAN 1

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ **Social Security Number _____

E-mail Address _____

PARENT/GUARDIAN 2

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP Code _____

Birth Date _____ **Social Security Number _____

E-mail Address _____

SIBLINGS: (Name and Age) or other members of the household

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