

STUDENT APPLICATION PACKET

College of Saint Benedict
Saint John's University

UPWARD BOUND PROGRAM

STUDENT INFORMATION

Name: _____
 LAST FIRST MIDDLE

Address: _____
 STREET / APT. CITY STATE ZIP

Home Phone: _____ Sex: Male Female

Date of Birth: _____ Social Security Number: _____

U.S. Citizen: Yes No

Race: African American Asian/Pacific Islander White

Hispanic/Non-Black American Indian

Other: _____

High School: _____ Present Grade in School: _____

Graduation Date: _____ T-Shirt Size: _____

Please complete reverse side of sheet

