



BEACON COLLEGE

Office of Enrollment Management
105 E. Main Street
Leesburg, FL 34748
www.beaconcollege.edu
Phone: (352) 638-9731
Fax: 352- 787-0796

International Student Application for Admission

Entry Term: Please Check Appropriate Areas

- Fall/August Semester 20_____
- Spring/January Semester 20_____

- Degree Options:
- Bachelor of Arts (4-year): Liberal Studies
 - Bachelor of Arts (4-year): Human Services
 - Education Minor (K-6 Florida temporary teaching certificate)
 - Bachelor of Arts (4-year): Computer Information Systems

 - Associate of Arts (2-year): Liberal Studies
 - Associate of Arts (2-year): Human Services
 - Associate of Arts (2-year): Computer Information Systems

1. Personal Information: Mr. Mrs. Miss Ms

First Name: _____

Last Name: _____ M.I. _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Alt. Phone: () _____

Email: _____ Social Security: _____

Date of Birth: _____ Gender: Male Female

- Ethnicity:
- American Indian or Alaskan Native
 - Black Non-Hispanic
 - Hispanic
 - Asian or Pacific Islander
 - White Non-Hispanic
 - Other

Highest Level of Education Completed: 10th Grade 11th Grade 12th Grade

First year of College Second Year of College Completed Associate Degree

2. How did you first learn of Beacon College?

Mailing

Internet/Web Search

Magazine (Which one): _____

Educational Background:

3. Academic area(s) of difficulty:

Reading

Math

ADD/ADHD

Auditory & Visual Processing

Writing

Language-Processing/Processing Speed

Organization, Time Management

Expressive/Receptive Language deficits

Other: _____

4. History of academic support:

Resource Room:

High school

College (if applicable)

Teacher's Aide:

High school

College (if applicable)

Private Tutor:

High school

College (if applicable)

Mainstream:

High school

College (if applicable)

5. High School Information: Public Private Private/LD Exclusive Home-School

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Graduation Date / Anticipated Graduation Date: _____ Month: _____ Year: _____

6. Evaluation of transcripts to occur by: (Date) _____

Contact <http://www.jsilny.com> to evaluate transcripts.

Josef Silney & Associates company has been contacted: Yes: _____ No: _____

If yes, date of contact or date of anticipated contact: _____

7. Extracurricular activities:

- Art Music Drama/Performing Arts Yearbook/Newspaper Government
 Sports: Other: _____

8. Colleges You are Applying To Other Than Beacon:

1. _____
2. _____
3. _____

9. College(s) or Post Secondary Program(s) Attended:

Name of College	City	State	Dates Attended	Approximate # Credits

***Official transcript for each college or university attended must be sent to Josef Silny & Associates for Evaluation. Please request these evaluations be sent to Beacon College.**

Please note that a low college GPA does not necessarily exclude a student from being accepted.

Note: Please be certain to read the following disclosure and sign as appropriate. No application will be processed without your signature or the \$ 50.00 non-refundable application fee.

10. Disclosure Statement:

Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense, where you have been found guilty by a judge or jury or entered a plea of nolo contendere (no contest); or any juvenile offenses; any offences where the records have been expunged; or any conviction that the applicant is currently appealing, regardless of adjudication?

- Yes No

If yes, please explain?

Disclosure Statement Continued

The disclosure is a continuing duty. All applicants must report to Beacon College any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and Beacon College will consider new information submitted, and in appropriate circumstances, may change the status of an applicant or student.

Permission is hereby given to Beacon College to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information.

Applicant Signature

Date

11. References:

Please write full name, phone number, and/or email addresses for each reference you have requested. **Be sure to sign and print your information on the top of each reference form.** References can be written by any of the following: teachers, tutors, guidance counselors, and/or employers. The completed forms may be scanned and emailed to admissions@beaconcollege.edu or faxed to (352) 787-0796. They may also be mailed to Beacon College, 105 East Main Street, Leesburg, FL. 34748, USA.

Reference 1: _____

Reference 2: _____

Reference 3: _____

12. College Essay:

Essays must be 1-2 typed pages and should address the following:

1. Describe your short-term and long-term educational and career goals.
2. What would you consider your greatest talent or personal quality?
3. What is your learning disability and how has it affected your life?
4. Why do you want to attend Beacon College?

Note: Beacon College will accept videotapes in lieu of this written statement from those applicants who have writing or language-processing difficulties.

Is this your first time attending college full time? Yes No

13. Parent and Family Information:

Parents: Married Divorced Separated Deceased Single

If you do not reside with both parents, with whom do you reside? _____

Person responsible for financial obligations: _____

Father Stepfather Legal Guardian Husband/Spouse

Name: _____

Address (if different from yours): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____ Alt. Phone: () _____

Name of Employer: _____

Occupation/Title: _____

Mother Stepmother Legal Guardian Wife/Spouse

Name: _____

Address (if different from yours): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____ Alt. Phone: () _____

Name of Employer: _____

Occupation/Title: _____

Please also note the following documents must be submitted as part of the application process:

- Your most recent Psychological Educational Evaluation. You may submit it via fax at (352) 787-0796 or mail it to Beacon College, 105 East Main Street, Leesburg, FL. 34748, USA. (Please **do not** scan and email this document for it may be too large for the email system to accommodate)
- The Foreign Student Financial Statement may be scanned and emailed to admissions@beaconcollege.edu or via mail to Beacon College, 105 East Main Street, Leesburg, FL. 34748, USA. (No faxing of this document will be accepted.)

- As an English speaking community, English proficiency is required for participation in our Beacon College Programs. You must take the TOEFL and have the scores sent to Beacon College, 105 East Main Street, Leesburg, FL 34748, USA.

Payment Options:

Payment by credit card of the \$50.00 USD application fee is accepted at Beacon College. To make a credit card fee payment please fill out the following information below.

Visa

MasterCard

Discover

Card Number: _____

Security Number (Three- digit code on signature panel): _____

Card Holder Name: _____

Billing Zip Code: _____ Expiration Date: _____

Card Holder Signature: _____ Date Signed: _____

Please note for admission purposes: “Students with specific learning disabilities are defined as stated in IDEA 2004 and does not include learning problems which are due primarily to visual, hearing, motor handicaps, mental retardation, emotional disturbance, environmental disadvantage, or other exceptionalities”

Applicant Signature:

I hereby certify that the statements made in this application are complete and correct. If admitted, I agree to abide by all college regulations.

By applying to Beacon College and signing this application for admission, I indicate my understanding that Beacon offers an intensive, rigorous academic program focused on the liberal arts. The College provides extensive academic and student services designed to help students achieve academically within a residential environment typical of that of a small liberal-arts college.

I understand that classes, including seminars and office hours, meet a number of hours per week, and to succeed in the program, I must be prepared to attend class meetings and do additional hours of coursework per week. I also understand that students not prepared to work in an intensive academic environment, or who may have issues secondary to academic performances that require their focus, may have difficulty achieving the learning outcomes of the program.

Applicant’s Signature

Date

Beacon College is authorized by Federal law to enroll nonimmigrant students.

By clicking on the submit button you are electronically signing and submitting this application. You will still need to submit your **Psychological Education Evaluation** and **The Foreign Student Financial Statement** separately, but as part of the application. **Please see pages 5 and of this application. Please only press the submit button once and wait for the confirmation page that says it has been received.**



Send completed forms and required documentation along with the \$50.00 non-refundable application fee to:

Beacon College Office of Admissions
105 E. Main Street Leesburg, FL 34748
Admissions Ph: 352-638-9731

Or

Scan completed application and email to
admissions@beaconcollege.edu

Or

Fax to (352) 787-0796

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