



Office of Admissions  
105 East Main Street  
Leesburg, Florida 34748  
[www.beaconcollege.edu](http://www.beaconcollege.edu)  
Toll Free: (855) 220-5376  
Phone: (352) 638-9731  
Fax: (800) 540-0261

## Application for Admission

**1. Student Information:**     Male       Female      Date of Birth: \_\_\_\_\_

First (Legal) \_\_\_\_\_ Middle \_\_\_\_\_ Last/Maiden \_\_\_\_\_ Preferred Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Yes! Contact me by text messages!*

<p>Term of Entry:</p> <p><input type="checkbox"/> Fall Semester 20_____</p> <p><input type="checkbox"/> Spring Semester 20_____</p> <p>Anticipated Major/Degree of Study:</p> <p><input type="checkbox"/> Anthrozoology, Bachelor of Science</p> <p><input type="checkbox"/> Business Management:    <input type="checkbox"/> Associate of Science    <input type="checkbox"/> Bachelor of Science</p> <p>    ○ Business Management Track</p> <p>    ○ Hospitality Track</p> <p><input type="checkbox"/> Computer Information System:    <input type="checkbox"/> Associate of Science    <input type="checkbox"/> Bachelor of Science</p> <p>    ○ Information Systems Track</p> <p>    ○ Web &amp; Digital Media Track</p> <p><input type="checkbox"/> Human Services:    <input type="checkbox"/> Associate of Arts    <input type="checkbox"/> Bachelor of Arts</p> <p><input type="checkbox"/> Humanities    <input type="checkbox"/> Associate of Arts    <input type="checkbox"/> Bachelor of Arts</p> <p><input type="checkbox"/> Psychology    <input type="checkbox"/> Associate of Arts    <input type="checkbox"/> Bachelor of Arts</p> <p><input type="checkbox"/> Studio Arts    <input type="checkbox"/> Associate of Arts    <input type="checkbox"/> Bachelor of Arts</p> <p><input type="checkbox"/> Undecided/Undeclared</p> <p><input type="checkbox"/> BREAKTHROUGH Semester for College Students</p> <p>For program details and eligibility, please see the Beacon College website: <a href="http://www.beaconcollege.edu/breakthrough">http://www.beaconcollege.edu/breakthrough</a></p>	<p>Student Housing Plans:</p> <p><input type="checkbox"/> Live on Campus</p> <p><input type="checkbox"/> Commute</p>
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How did you first learn of Beacon College? \_\_\_\_\_

Have you previously attended Beacon College?       Yes     No

If yes, please indicate last year and term of attendance: Term: \_\_\_\_\_ Year: \_\_\_\_\_

*Optional Questions: Used for statistical reporting only*

Are you Hispanic/Latino/Spanish Origin?     Yes       No

Please describe your racial background (Select one or more of the following categories):

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Two or more races                         |

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## 2. High School Information

Public                       Private                       Private/LD Specific                       Home-School

Name of High School: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Graduation Date (Anticipated): Month: \_\_\_\_\_ Year: \_\_\_\_\_

Guidance Counselor/Specialist Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Diploma Type:     Standard High School Diploma                       GED

*Please note that Special Diplomas or Certificates of Attendance do not meet regional accreditation standards and requirements for enrollment at Beacon College.*

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## 3. Describe how your learning challenges impact your academic performance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a first generation college student (the first in your family to attend college)?                       Yes     No

Is English the primary language spoken in your home?                       Yes     No

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## 4. College Information: Have you attended another college or university?    Yes    No

Name of College	City	State/Country	Dates Attended	Degree Complete
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been the subject of any disciplinary action for conduct at a previous college or institution?     Yes     No

If yes, please explain :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**5. Parent and Family Information:**

Married     Divorced     Separated     Deceased     Single

If you do not reside with both parents, with whom do you reside? \_\_\_\_\_  
First Name                      Last Name                      Relationship

Person responsible for financial obligations: \_\_\_\_\_  
First Name                      Last Name                      Relationship

Do you intend to apply for financial aid?     Yes     No                      Have you completed the FAFSA?     Yes     No

Do you intend to use VA (Veterans Affairs) Benefits?     Yes     No

Have you applied for funding through the Department of Vocational Rehabilitation in your home state?     Yes     No

*Beacon College FAFSA School Code: 033733*

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**Parent One:**     Father     Mother     Guardian     Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

\_\_\_\_\_  
City                                      State                                      Zip

Home Phone: \_\_\_\_\_                      Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Highest Degree Earned:     Doctoral     Masters     Bachelors     Associates     High School     Unknown/NA

**Parent Two:**     Father     Mother     Guardian     Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

\_\_\_\_\_  
City                                      State                                      Zip

Home Phone: \_\_\_\_\_                      Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Highest Degree Earned:     Doctoral     Masters     Bachelors     Associates     High School     Unknown/NA

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## 6. References:

Please provide the name and contact information for THREE references. We recommend that you use teachers, tutors, guidance counselors, or employers.

Name	Relationship to Student	Email Address	Phone Number

*Yes! I authorize Beacon College to contact my high school guidance office on my behalf.*

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## 7. Optional

To familiarize yourself to the admissions committee, please attach a Senior picture.

## 8. 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 where the records have been expunged; or any conviction that you are currently appealing, regardless of adjudication?

Yes    No

If yes, please explain: \_\_\_\_\_

*This disclosure is a continuing duty. All applicants must report to Beacon College any such arrest or conviction after the filing of this application for admission or during the time that the student is enrolled at the College.*

### **Statement of Understanding and Release:**

*To the best of my knowledge and belief, the information given on this application is complete and accurate. I realize that failure to disclose fully and accurately all facts related to this application shall be grounds for dismissal from Beacon College. If admitted, I pledge to comply with all rules and regulations of the College.*

*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 written or oral request for such information.*

*I authorize Beacon College to request and receive all academic records of any school that I have listed for the purpose of completing my application.*

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Applicant Signature

Date

Please send this completed application to:  
Beacon College  
Office of Admission  
105 East Main Street, Leesburg, Florida 34748  
admissions@beaconcollege.edu  
Phone: (855) 220-5376 • Fax: (800) 540-0261