
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.*

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

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 :

Credits earned at Beacon College are transferrable, however current Beacon students who are transferring to another college OR Visiting college students should always check with the receiving institution to confirm acceptance of earned course credits.

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

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

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.

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.

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