#  SPAN Division *– Accelerated College Immersion Programs*

**815 West Michigan Street Indianapolis, IN 46202 (317) 274-0382**

***Email:*** ***ucspan@iupui.edu***

**HOW TO USE THIS FORM:** This form MUST be named and saved on your computer before completing. To enter information, use the “Tab” key or place the cursor in the shaded field. Help is available for certain fields by pressing the “F1” key. COMPLETE ALL SECTIONS. Upon completion, the form should be emailed to your high school guidance counselor for approval and signature. The hardcopy document must be: **PRINTED, SIGNED, and MAILED along with an official high school grade transcript to the address listed above. FAX copies are NOT accepted.**

***This form is designed for secondary students who plan to take college classes for credit at IUPUI prior to graduation from high school.***

**Section One: PROGRAM SELECTION**

**2016 COMPUTER INFORMATION TECHNOLOGY (CIT)**

**SPAN SCHOLARSHIP APPLICATION**

**Section Two: STUDENT INFORMATION**

Full Legal Name (first, middle, last):      What is your U.S. citizenship status?

Street Address:

City:      State:      ZIP:     -      County:

Home Phone:      Email Address:      Cell Phone:

Birthdate (mm/dd/yyyy):      Gender:Ethnicity:

**Section Three: PARENT/GUARDIAN INFORMATION**

Name:

Street Address:           City:      State:      ZIP:     -      Daytime Phone:

Email Address:

Are you employed by IUPUI? If yes, please list campus contact info:

**Section Four: HIGH SCHOOL INFORMATION**

Name of school currently attending:           Type of school: Current Grade:

Expected high school graduation date (mm/dd/yyyy):

Street Address:           City:      State:      ZIP:     -      County:

**Section Five: Criminal Activity Disclosure**

**Indiana University-Purdue University Indianapolis is committed to maintaining a safe environment for all members of the university community. As part of this commitment, IUPUI requires applicants to disclose this information as a mandatory step in the application process**

Have you been convicted of a felony or have you engaged in behavior that resulted in injury to person(s) or personal property?

***Yes No***

Please note, there is a minimum timeframe of 4 to 6 weeks for reviewing criminal activity disclosures once it is received by the Criminal Activity Review Committee.

**Section Six: STUDENT SIGNATURES (please note signatures are required. Applications received without signatures will be discarded)**

By action of submitting this application, I acknowledge the following:

* I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admission to IUPUI or subject to cancellation of admission if admission has already been granted or dismissal if already enrolled.
* I certify that all statements on this application are complete and correct.
* If necessary, I will submit a letter describing criminal or disciplinary history as described in the application process. The letter will be sent via certified mail and I will keep the receipt certifying it was received by IUPUI. The letter contains a statement granting permission to officials at all institutions and agencies involved to release information needed by IUPUI to substantiate statement made in my disclosure letter. The disclosure must be addressed to the Director of SPAN, IUPUI, 815 W. Michigan St., Indianapolis, IN 46202.

**Student Signature**: I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. IF MY APPLICATION IS APPROVED, I AGREE TO ABIDE BY THE POLICIES, RULES, AND REGULATIONS OF IUPUI.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section Seven: HIGH SCHOOL ENDORSEMENT (must be completed by the high school guidance counselor or appropriate high school principal)**:

1. This certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name of applicant) has discussed taking college classes for credit with the appropriate personnel at our high school. I understand that dual credit, if applicable and sought by the student, is at the discretion of our school corporation and based upon course qualification policies outlined by the Indiana Department of Education.
2. Applicant’s Class Rank:\_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_
3. Applicant’s Grade Point Average:\_\_\_\_\_\_\_\_
4. Student will complete the Indiana Core 40 Curriculum at the time of graduation: \_\_\_\_\_Yes \_\_\_\_\_No
5. Student will complete the Indiana Academic Honors Diploma: \_\_\_\_\_Yes \_\_\_\_\_No
6. Student is a participant of 21st Century Scholars Program: \_\_\_\_\_Yes \_\_\_\_\_No
7. **I do hereby certify that the applicant qualifies or participates in Free/Reduced Lunch program and I have confirmed his/her eligibility with school administration: \_\_\_\_\_Yes \_\_\_\_\_No**

Signature of High School Principal/Academic Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section Eight**: COURSE SELECTION (course descriptions are located in the CIT SPAN SCHOLARS info packet.) SELECT CIT COURSE: