



DONNELLY COLLEGE

ORGANIZATIONAL LEADERSHIP APPLICATION

GENERAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE _____
 MAIDEN NAME _____ SS#- _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____ COUNTY _____
 PHONE DAY () _____ EVENING () _____ WORK () _____
 E-MAIL _____ DATE OF BIRTH _____

EDUCATIONAL PLAN

I wish to attend beginning in:

- Semester:** Circle month
 Fall (August/October)
 Spring (January/March)
 Summer (June/July)

Year: 20_____

I plan to attend:

- Full time
 Part time
 ---AND---
 Day
 Evening

Number of college hours completed: _____

Area(s) of Concentration:

Desired Format:

- Traditional
 Online
 Combination of Traditional and Online

EDUCATIONAL BACKGROUND

LIST ALL COLLEGES/UNIVERSITIES ATTENDED CITY STATE YEARS OF ATTENDANCE DEGREE

LIST ALL COLLEGES/UNIVERSITIES ATTENDED	CITY	STATE	YEARS OF ATTENDANCE	DEGREE

SUPPLEMENTARY INFORMATION

Are you employed? YES NO If yes, PART-TIME FULL-TIME Shift: DAY EVENING BOTH
 Place of employment _____ PHONE () _____

How did you first hear about Donnelly College's Baccalaureate Program? Please be specific.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Employer _____ | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Family Member _____ | <input type="checkbox"/> Church _____ | <input type="checkbox"/> Live in area |
| <input type="checkbox"/> Donnelly Student _____ | <input type="checkbox"/> Advertising _____ | <input type="checkbox"/> Other _____ |

