DUE APRIL 1, 2018

KAP 2018-2019

KENYON ACADEMIC PARTNERSHIP AVAILABLE ON KENYON.EDU/KAP

(HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION)

STATE SCHOOL STU	DENT ID #:	HIGH SCHOOL:			DATE:	
STUDENT NAME: _	LAST NAME	FIRST NAME		MIDDLE NAM		
HOME ADDRESS.				WIIDDLE NAM	4E	
HOME ADDRESS	STREET		/STATE	ZI	P	
BIRTH DATE:	YF	R GRADUATION:	(CURRENT GPA: _		
STUDENTS E-MAIL:						
KAP COURSE APPLYING FOR:			KAP INSTRUCTOR:			
OPTIONAL: NO	T American Citizen	(if checking this, no n	eed to check a	anything below)		
CIRCLE ONE OF THE	FOLLOWING IF YOU A	RE AMERICAN CITIZEN:				
1- BLACK 2- AN	/I INDIAN/ALASKAN NA	TIVE 3- ASIAN OR PAC	CIFIC ISLAND	4- HISPANIC	5 - WHITE	
PARENT/GUADIAN:	LAST NAME					
				MIDDLE INTI	AL	
PARENT/GUARDIAN	STREET		CITY/STATE		ZIP	
PARENTS E-MAIL: _						
2. PLEASE COMM	ΛΕΝΤ ON SPECIAL STRENGTI	HS & WEAKNESSES THAT MIGI	IT AFFECT THIS S	TUDENT'S PERFORN	MANCE IN THIS COURSE:	
(PLEASE CIRCLE ONE)	I RECOMMEN	IDO 1	NOT RECOM	IMEND		
SIGNATURE ABOVE	TEACHER:	ѕсноо	L ENDORSEME (KAP S	ENT:	OR SCHOOL ADMINISTRATOR)	
KENYON KAP PROF	ESSORS APPROVAL:	YES	NO			
COMMENTS:			R	100	INIE MCCLUSKEY GASKIN AVE	
SIGNATURE KENYON KAP PROFESSOR			KENYON COLLEGE _ EDWARDS HOUSE GAMBIER OH 43022			
KAP I.D. SC						