

SOUTH CENTRAL SCHOLARS
Prospective Scholar Intake Form



First Name: _____ **Last Name:** _____
Social Security No.: XXX-XX-XXXX **Date of Birth:** _____
Street Address: _____
City: _____ **Zip Code:** _____
Email Address: _____
Primary Phone No.: _____ **Second. Phone No.:** _____
Name of High School: _____
Date of High School graduation?: _____
Current GPA: _____
Class Rank: _____ **Number** _____ **of** _____
How many AP classes have you taken?: _____
Total SAT Score: _____ **Math:** _____
Critical Reading: _____ **Writing:** _____
Total ACT Score: _____ **English:** _____
Math: _____ **Reading:** _____
Science: _____ **Writing:** _____

What program referred you to South Central Scholars?

Please list any Honors or Awards that you have received:

Colleges and Universities applying to:

Will you be the first person in your family to attend a 4-year College or University?: YES NO

By submitting this intake form, you hereby authorize SCS to share any information provided to SCS or any SCS employee, whether provided in this application or otherwise and whether previously provided or provided in the future, with other SCS employees or with third parties as SCS deems helpful or necessary to achieve the goals of SCS.

Full Name (printed)

Signature