# **Elite Scholars Program Application**

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| **Personal Information** | |
| Name: | GGC Student ID Number (900#): |
| Cell Phone: | Home Phone: |
| Current Address: | |
| City, State, and Zip Code: | |
| Email Address: | |
| **Academic Information** | |
| Intended Major/Focus Area: | |
| High School: | City and State: |
| Did you graduate with a high school diploma or did you earn a GED? | |
| Date of high school graduation or GED: | |
| Will you be living in the Residence Halls on the GGC campus? | |
| **Emergency Contact Information** | |
| Name: | Relationship: |
| Cell Phone: | Home Phone: |
| Current Address: | |
| City, State, and Zip Code: | |
| Do you have any allergies or medical conditions that we should be aware of? If so, please list: | |
| **Elite Scholars Program Commitment Checklist** | |
| Below are the components of the Elite Scholars Program. Please read each commitment and check each circle if you agree:   * Commit to the mission and vision of Georgia Gwinnett College * Participate in the Elite Scholars Program during the Fall and Spring semesters * Enroll in GGC 1000 (1 credit hour) during the Fall or Spring semester (freshmen only) * Adhere to the African American Male Initiative Student Code of Conduct rules * Participate in at least one campus event or attend at least one Student Organization meeting * Attend the Elite Scholars Seminar Series * Participate in at least three community partner events during the Fall and Spring semesters * Allow Program Director and Assistant Program Director to monitor my academic progress, contact me, my advisor/mentor, and my professors regularly * Attend End-of-Program banquet to celebrate my accomplishments in the Program | |
| **Signatures** | |
| * I have read the information contained in this application for the Elite Scholars Program and understand the commitment required to participate. * I am committed to being a success participant in the Elite Scholars Program. | |
| Signature: | Date: |