

CIM APPLICATION FORM



Personal Information:

Name: _____ Soc. Sec. No. _____ - _____ - _____
Last First Middle

Address: _____
Number and Street

City State Zip Code

County: _____ Telephone: () _____

E-mail address: _____ Date of Birth: _____

Parent / Guardian name (s): _____

Parent/ Guardian address (If different from student's): _____

Educational Background Information:

High School/ College attended: _____ Date of Graduation: _____

High School/ College GPA: _____ ACT/SAT Score: _____

High School or College/ Community Activities	Leadership Roles	Personal Involvement

Any work experience? _____

Honors, Recognitions, and Awards received: _____

Signature: _____ Date: _____