



**PRIORITY APPLICATION DUE**  
**March 2<sup>nd</sup> @ 4:15PM** to the Da Vinci  
Design, Communications or Science  
Front Office

## DA VINCI EXTENSION APPLICATION

(Please type or print)

STUDENT NAME \_\_\_\_\_  
Last First Initial

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

( ) \_\_\_\_\_ / \_\_\_\_\_  
CELL PHONE # (NAME(S) OF PARENT(S), GUARDIAN(S))

BIRTH DATE \_\_\_\_\_ High School GPA \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

CURRENT HIGH SCHOOL \_\_\_\_\_ HS COUNSELOR \_\_\_\_\_

If you have taken the following tests, please indicate your scores below:

ACT SCORES: ENGLISH \_\_\_ MATHEMATICS \_\_\_ READING \_\_\_ SCIENCE REASONING \_\_\_ COMPOSITE \_\_\_

SAT SCORES: MATH: \_\_\_\_\_ WRITING: \_\_\_\_\_ CRITICAL READING: \_\_\_\_\_

College Acceptances: \_\_\_\_\_

Scholarship/Financial Aid Awards: \_\_\_\_\_

### EXTRACURRICULAR ACTIVITIES

#### LEADERSHIP AND INVOLVEMENT

List meaningful activities and organizations in which you have participated in high school. Indicate your level of involvement.

---

---

---

Indicate any special recognition you have received for academics or extracurricular activities.

---

---

(OVER)

COMMUNITY SERVICE

List community service or service learning in which you have been involved and indicate your level and duration of involvement and any special accomplishments.

---

---

---

COLLEGE COURSES

List any past college classes you have taken and passed with a "C" or better.

---

---

---

WORK EXPERIENCE

(Job title, description and hours per week; how long have you held the job?)

DURING SCHOOL YEAR: \_\_\_\_\_

---

---

SUMMER WORK: \_\_\_\_\_

---

To monitor compliance with civil rights legislation, federal and state agencies require universities to describe their racial/ethnic populations. Your response to the following will assist our efforts to ensure compliance. Please check the category that best describes your racial/ethnic background (optional). Please check all categories that you identify with.

American Indian/Alaska Native \_\_\_\_\_

Hispanic \_\_\_\_\_

African-American/Non-Hispanic \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

White/Caucasian/Non-Hispanic \_\_\_\_\_

Other (please specify) \_\_\_\_\_

DO YOU QUALIFY FOR FREE AND REDUCED LUNCH? YES \_\_\_\_\_ No \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**OPTIONAL: In approximately 500 words, on a separate sheet of paper, describe what you expect to gain from joining DVX. How does this program align with your goals? What should we know about you? How will you contribute to DVX?**

