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|  | LOMA LINDA UNIVERSITY  School of Behavioral HealthBehavioral Health Summer Academy  |

# Application (Deadline May 18, 2023)

The completed application form is to be signed by the applicant, saved as a PDF document and emailed to kboyd@llu.edu.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security No.: |  |  |  |

|  |  |
| --- | --- |
|  |  |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | Will you be at least 18 years old when the course begins?  | YES[ ]  | NO[ ]  |

## Education

|  |  |
| --- | --- |
| Academy/High School Attended: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  |  |

|  |  |  |
| --- | --- | --- |
| Have you applied and/or been accepted to a College or University? | YES[ ]  | NO[ ]  |
| What is the name of the College or University you plan to attend? |  |
| What is your intended area of study? |  |
| Date you plan to enroll:  |  |

## Reference

Name of the person sending a recommendation for you: (One letter required from your principal or your school counselor.).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Principal: |  |
|  | **Or** |  |  |
| Full Name: |  | School Counselor: |  |
| **Recommendation Letter: Completed applications must include one letter of recommendation and support from their academy or high school principal or school counselor.** Letters of recommendation must be on academy/high school letterhead, signed, saved as a PDF document and emailed to **kboyd@llu.edu directly from the recommender's email account.**  |
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## Personal Statement

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| **The Personal Statement** is a 250-word statement that describes your future college and career plans, how this program would help you in the pursuit of your plans, and your commitment to serve others. |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will result in the denial of my acceptance to the Behavioral Health Summer Academy

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |