

DENISON UNIVERSITY

Application for Admission as a Licking County Scholar

The Denison University Licking County Scholar Program allows eligible high school juniors and seniors from Licking County with a grade point average of 3.4 or higher to enroll in college courses while enrolled in high school. There is no application fee to apply for the Licking County Scholar Program. The tuition fee is \$359 per credit hour for the 2021-22 academic year.

Licking County Scholar Program students are subject to and responsible for adhering to the same academic and disciplinary regulations as all other degree seeking students. Licking County Scholar Program students are expected to maintain a minimum grade point average of 2.0. Furthermore, if after any semester a student's semester grade point average falls below 2.0, his or her eligibility for participation in this program may be terminated.

Licking County Scholars are limited to a maximum of two courses per semester and are not to exceed three courses per year and a total of four courses through this program at Denison.

All students including Licking County and Community Scholars must be Fully Vaccinated for the fall semester and must upload proof of COVID-19 vaccination to the Wellness Portal. The CDC considers people Fully Vaccinated, two weeks after their second dose in a COVID-19 2-dose series or two weeks after a single-dose COVID-19 vaccine.

Intended Time of Entrance: August of 20____ January of 20____

Legal Name: _____
Last First Middle

Ethnicity: *(Optional Information)* Asian Black Hispanic White
 Indian African American Native American Other
 Pacific Islander West Indian Multiracial

Social Security Number: _____ Date of Birth: ____/____/____ Sex: M or F ____

Home Address: _____
Number/Street

City State Zip Phone Number: (____) _____

Email Address: _____

Name of parent(s)/guardian(s): _____

Name of Licking County H.S. that you attend: _____

Name of guidance counselor: _____ Phone No.: (____) _____

Course(s) that you are interested in taking:

1st Choice:

1. _____
Dept. Course Number Section Title

Alternate Choice:

2. _____
Dept. Course Number Section Title

If I am accepted for admission to Denison University as Licking County Scholar and elect to enroll, I agree to abide by the policies and regulations of the University, including those respecting the payment of bills.

Signature or initials of Applicant: _____ Date: _____

**Submit completed form electronically and send as an email attachment to Kimberly West at westk@denison.edu.
Denison University, Registrar's Office, 100 W. College St., Granville, OH 43023.**