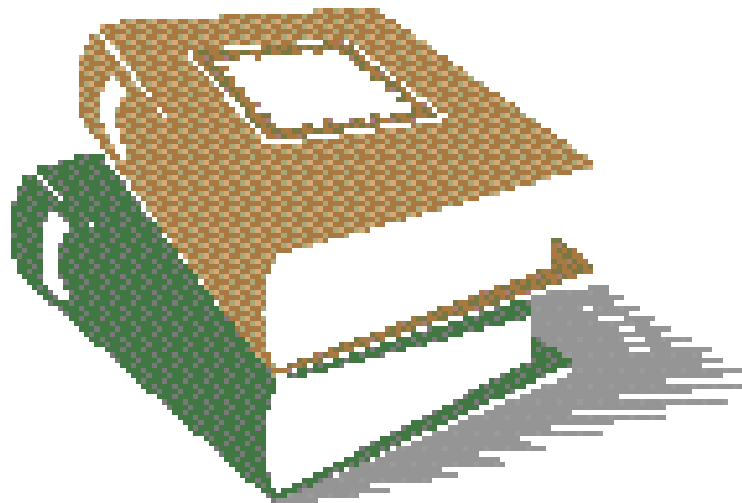


IMPACT

An Honors Learning Community integrating
Critical Thinking and Moral Principles



Application for Admission
Bowling Green State University

IMPACT

An honors community integrating Critical Thinking and Moral Principles

1. Personal Information

Last Name	First Name	Middle Name	Suffix (Jr., etc.)
Preferred First Name	Date of Birth / /	Social Security Number	Sex Female Male
Permanent Home Address		City	State Zip Code
Area Code/Telephone Number	E-mail Address		

2. Academic Information

High School Attended	City	State	Graduation Year
SAT Verbal _____ Math _____	Cumulative GPA (on a 4.0 scale)	Rank	Class Size
ACT English _____ Math _____ Reading _____ Scientific Reasoning _____ Composite _____			
Have you applied to the University Honors Program? Yes No Have you been accepted? Yes No			

3. Extracurricular and Community Activities

If more space is needed, please include an additional sheet with the completed application.

Activity	Dates of participation	Offices held

4. Honors and Awards

If more space is needed, please include an additional sheet with the completed application.

Honor or Award	Date awarded

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5. Essays - Please include your response (no longer than one page per question) to the following three essay questions with the completed application, using your own paper.

1. Why do you wish to be a member of IMPACT?
2. What specific talents would you bring to IMPACT that would enrich the community?
3. If you were to compare your work ethic with that of your peers, how would you fare, and why?

6. Letter of Recommendation – Please request one letter of recommendation from an individual who can explain why you would benefit from and contribute to the IMPACT community. The recommendation should, if possible, address your intellectual ability, achievements, character, and work ethic. This letter should be written on the enclosed form and sent directly by the person writing the recommendation to Dr. Neil Browne, 1033 Offenhauer West, Bowling Green State University, Bowling Green, OH 43403.

7. Applicant Certification and Signature

The information contained in this application is true and accurate to the best of my knowledge. I also understand that any falsification or omissions to the application will disqualify me from further consideration and/or prompt withdrawal of any offer of admission.

Applicant Signature (required)

X _____

Date

____/____/____

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Letter of Recommendation

IMPACT Learning Community
Dr. Neil Browne
1033 Offenhauer West
Bowling Green State University
Bowling Green, OH 43403

Name of Applicant _____
First Middle Last or Family Name

IMPORTANT: Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, *if you enroll* in the IMPACT learning community, to review your educational records, including letters of recommendation for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right.

I waive: I do not waive: any right of access that I may have to this recommendation form.

Signature of Applicant _____ **Date** _____
(THE ABOVE TO BE COMPLETED BY THE APPLICANT)

TO THE RECOMMENDER: Those of us within the IMPACT learning community at Bowling Green State University would appreciate a statement from you concerning the person named above. Please indicate the length and nature of your relationship to the applicant. Reference to the following is especially desired: the applicant's intellectual ability, achievements,

character, and work ethic. We would also appreciate a response to the following question: Why would the applicant benefit from and contribute to the IMPACT community? Please attach an additional sheet to this form if necessary.

The applicant wishes your response considered as part of her or his application. Because the application will

not be complete until your response is received, it is important that the letter be received as soon as possible. Please mail this form directly Dr. Neil Browne at the address listed above. We are aware that writing a letter of recommendation calls for considerable time and effort from you; your appraisal is very helpful to us, and your completing it is greatly appreciated.

SIGNATURE _____ DATE _____

NAME, PRINTED _____

POSITION & INSTITUTION _____

ADDRESS & TELEPHONE NUMBER _____