

THE 2008 BROAD PRIZE SCHOLARSHIP

INITIAL APPLICATION



APPLICANT INFORMATION – to be completed by the scholarship applicant

LEGAL NAME

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Last

First

MI

PERMANENT HOME ADDRESS

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Number and Street

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City

State

Zip Code

TELEPHONE NUMBER

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DATE OF BIRTH

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Month

Day

Year

SOCIAL SECURITY NUMBER (IF AVAILABLE)

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E-MAIL ADDRESS (please provide an e-mail address you check regularly)

GENDER

- Male
 Female

CITIZENSHIP (please check only one)

- I am a US Citizen
 I am a US Permanent Resident Alien

GROUP IDENTITY

Please check the option which best matches your ethnicity.

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian/Pacific Islander (Far East, Southeast Asia, India, Subcontinent or Pacific Islands) |
| <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> American-Indian or Alaskan Native (must maintain cultural identification) |
| <input type="checkbox"/> Hispanic (Mexican, Cuban, Puerto Rican, Central/South American, or Spanish Origin) | |

SCHOOL DISTRICT

Please check the district in which you attend school.

- | | | |
|---|--|---|
| <input type="checkbox"/> Aldine Independent School District | <input type="checkbox"/> Brownsville Independent School District | <input type="checkbox"/> Miami-Dade County Public Schools |
| <input type="checkbox"/> Broward County Public Schools | <input type="checkbox"/> Long Beach Unified School District | |

ENROLLMENT PLANS

Please indicate the type of institution you plan to attend in the fall 2009 semester. (please check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> 4 Year College (c) | <input type="checkbox"/> 2 Year Junior/Community College (j) | <input type="checkbox"/> Vocational/Technical Program (v) |
|---|--|---|

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below and give this form to your guidance counselor or other school official for completion. Your signature will authorize your school to release the information requested and certify that all information you entered on this form is accurate and true. Your signature will also authorize ETS Scholarship & Recognition Programs and The Broad Foundation to utilize the information you provide or provided on your behalf to compile applicant demographic information.

NOTE: IT IS YOUR RESPONSIBILITY to ensure that your school releases the requested information so that it is received by ETS Scholarship & Recognition Programs no later than DECEMBER 15, 2008.

Student's Name (please print) _____

Student's Signature _____ Date _____

SCHOOL INFORMATION – to be completed by guidance counselor or other school official

	9 th Grade	10 th Grade	11 th Grade
WEIGHTED GRADE POINT AVERAGE (GPA) GPA must be reported on a 4-point scale. Please report individual year GPAs, not cumulative GPA.	[] . [] [] [] []	[] . [] [] [] []	[] . [] [] [] []
CLASS RANK Required for 11 th grade. Please provide 9 th & 10 th grades if available. Exact rank-in-class preferred; percentile or decile accepted (please indicate if rank approximated).	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []
CLASS SIZE	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []

STANDARDIZED TEST SCORES (if available)	ACT	Test Date: _____	SAT	Test Date: _____	Critical Reading:	[] [] [] []
	Composite Score:	[] [] [] [] []	Writing:	[] [] [] [] []	Math:	[] [] [] [] []

Name & Title of School Official (please print)	College Board High School Code
Signature of School Official	Date
Telephone Number (include area code)	E-Mail Address

Please return this application to:

THE BROAD PRIZE SCHOLARSHIP
ETS SCHOLARSHIP & RECOGNITION PROGRAMS
PO BOX 6730
PRINCETON, NJ 08541

ALL APPLICATIONS MUST BE RECEIVED BY DECEMBER 15, 2008.