Summit Campus Returning Student Application

Returning students have priority admission status.
A $2500 deposit is required by June 1st 2024, to secure your place.

Section 1: Student Information

First Name: _____

Middle Name: _____

Last Name: _____

Nickname:

Permanent Address: _____

Home Telephone: (_____)_____

Cell Phone: (____)

Date of Birth:_____/_____/_____

Identified Gender: ___

Email: _____

Preferred Pronouns:

College/major: _____

Section 2: Family Information

Parent 1/Guardian		Parent 2/ Guardian
	Street Address	
	City, State, Zip	
	Home Phone	
	Cell Phone	
	Email	

If Parents are divorced, who has legal custody of the student? _____

With whom does the student live? _____

Who has financial responsibility for Campus tuition?

_____

Section 3: Student Preferences

Returning students may choose to stay in their current rooms. Please circle the following as they apply.

Summer 1 *Summer 2   Fall 2024   Spring 2025
          *(Subject to enrollment)

Do you have any special dietary restrictions, needs or allergies?   ☐ YES   ☐ NO

If yes, please briefly explain. _____

Section 4: Student Statements

1. I am interested in returning to the Summit Campus because:

_____

_____

3. I recognize my academic challenges are:

_____

_____

4. I recognize my academic strengths are:

_____

_____

6. Something that you have learned about yourself during your first year at Summit Campus?

_____

_____

Section 5: Authorization

Your signature acknowledges that all of the above information is correct to the best of your knowledge.

Signature of Applicant:_____Date:_____

Signature of Parent/Guardian:_____Date: _____

Please send your completed application and $2500 deposit by June 1st,2024 to:

Nikki Koppel
Summit Campus
37 Fruit Street
Worcester, Massachusetts 01609