# **Elite Scholars Program Application**

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| **Personal Information** |
| Name: | GGC Student ID Number (900#): |
| Cell Phone: | Home Phone: |
| Current Address: |
| City, State, and Zip Code: |
| Email Address: |
| **Academic Information** |
| Intended Major/Focus Area: |
| High School: | City and State: |
| Did you graduate with a high school diploma or did you earn a GED? |
| Date of high school graduation or GED: |
| Will you be living in the Residence Halls on the GGC campus? |
| **Emergency Contact Information** |
| Name: | Relationship: |
| Cell Phone: | Home Phone: |
| Current Address: |
| City, State, and Zip Code: |
| Do you have any allergies or medical conditions that we should be aware of? If so, please list: |
| **Elite Scholars Program Commitment Checklist** |
| Below are the components of the Elite Scholars Program. Please read each commitment and check each circle if you agree:* Commit to the mission and vision of Georgia Gwinnett College
* Participate in the Elite Scholars Program during the Fall and Spring semesters
* Enroll in GGC 1000 (1 credit hour) during the Fall or Spring semester (freshmen only)
* Adhere to the African American Male Initiative Student Code of Conduct rules
* Participate in at least one campus event or attend at least one Student Organization meeting
* Attend the Elite Scholars Seminar Series
* Participate in at least three community partner events during the Fall and Spring semesters
* Allow Program Director and Assistant Program Director to monitor my academic progress, contact me, my advisor/mentor, and my professors regularly
* Attend End-of-Program banquet to celebrate my accomplishments in the Program
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| **Signatures** |
| * I have read the information contained in this application for the Elite Scholars Program and understand the commitment required to participate.
* I am committed to being a success participant in the Elite Scholars Program.
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| Signature: | Date: |