Application Category

**Freshman Applicants**: Students are encouraged to apply as early as possible in their senior year. Students will be notified of a decision shortly after all application materials are received, in keeping with our rolling admissions policy. Additional information may be requested on an individual basis.

**Transfer Applicants**: Students requesting to transfer to Westminster may do so if the student is in good academic standing at another accredited college or university. An official transcript from every institution attended is required. Applicants with fewer than 24 credit hours of “C” or better will need to provide an official high school transcript with ACT or SAT results.

**Returning Applicants**: Students wanting to return to Westminster after leaving for at least a semester must apply and be accepted for readmission. Official transcripts of all college course work attempted since the student last attended Westminster must be sent to the College.

**Program for Students With Learning Disabilities**: Students requesting admission through the Learning Disabilities Program need to contact the Office of Enrollment Services for a separate supplement form. This full support program is offered to a select group of highly motivated students on a space available basis. Other documentation is required including a diagnostic evaluation within the last two years, recent assessments, IEP, an un-timed ACT or SAT and recommendations.

Tuition Deposit

Following acceptance, students are asked to submit a $200 tuition deposit as soon as possible. This deposit secures housing as well as a place in the incoming class. The deposit is not refundable after May 1.

Scholarship and Financial Aid Instructions

Students who wish to be considered for merit-based scholarships must first apply for admission and be accepted. For a list of merit-based scholarships, please see our website at [www.westminster-mo.edu](http://www.westminster-mo.edu). Scholarship notification will be ongoing. If applying for need-based financial assistance, the Free Application for Federal Student Aid (FAFSA) must be completed, after January 1st each year. This form is available on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

Visit our web site at [www.westminster-mo.edu](http://www.westminster-mo.edu) for additional information about Westminster.
Application for Admission

Application Requirements
☐ Secondary School Recommendation (see attached)
☐ Official High School Transcript
☐ Standardized examination results (ACT/SAT/TOEFL/GED)
☐ Personal Statement/Writing Sample (2-4 paragraphs, please attach)
☐ Photo (optional)

Please check only one box in each section.

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Section 2</th>
<th>Section 3</th>
<th>Section 4</th>
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<tbody>
<tr>
<td>☐ Fall 20____</td>
<td>☐ Freshman Applicant</td>
<td>☐ Residential</td>
<td>☐ Full Time</td>
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<tr>
<td>☐ Spring 20____</td>
<td>☐ Transfer Applicant</td>
<td>☐ Commuter</td>
<td>☐ Part Time</td>
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| ☐ Commuter (12 or more credit hours) |
| ☐ Part Time (11 or fewer credit hours) |

Section 5
Additional application supplement required for:
☐ International Student
☐ Learning Disabilities Program

You may download these supplements from our website at www.westminster-mo.edu/go/forms or ask for one in our office.

Student Information

Legal Name: ______________________________________________________________________________________________

Last Suffix First Middle

Preferred Name: ______________________________________ Social Security Number: _______________________________

*Current Address: _________________________________________________________________________________________

Number Street Apt. #
___________________________________________________________________________________________________

City County State/Province Zip Code Country

Current Telephone: _____________________________ E-mail: _____________________________________________________

Cell: _____________________________ How do you prefer to be contacted? ☐ Phone ☐ E-mail ☐ Cell Phone

Date of Birth: _________________________ Country of Birth: _______________________ Country of Citizenship: ________

Month/Day/Year

List your top 3 college choices:
1. __________________________________ 2. __________________________________ 3. __________________________________

How did you first learn about Westminster College? ________________________________________________________

What influenced you to apply to Westminster College? ______________________________________________________

Have you ever visited Westminster’s campus? _____________ if so, when? ______________________________________

Religious Preference: _________________________ Marital Status: _________________________ Veteran Status: _____________

Primary Ethnic Background (optional): ☐ White, Non-Hispanic ☐ Asian or Pacific Islander ☐ Hispanic

☐ Black, African American ☐ American Indian, Alaskan Native ☐ Other _________________________

Additional ethnic background, i.e., Italian, Irish, German, Indian, etc.: __________________________________________

*All mail will be sent to this address unless you indicate otherwise.
College Plans

Academic areas of interest (for a complete list, go to www.westminster-mo.edu):

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Possible college activities of interest, including intercollegiate athletics, music groups, publications, etc.:

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

☐ I authorize ☐ I do not authorize the College to publicize my accomplishments/awards in my local newspaper if I enroll at Westminster College.

Educational Background

List high school from which you will receive/have received your diploma/GED.

High School Name: ____________________________________________ Graduation/GED Date: ____________

High School Address: ____________________________________________

Number Street City State/Providence Zip Code

Guidance Counselor: ____________________________________________

Name Email (Area Code) Phone

ACT: ____________________ ____________________ SAT: ____________________ ____________________

Date Taken Score Date Taken Score

Please list your current courses for this semester (please indicate which ones are AP, IB or Honors, if any).

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Please list any dual credit courses you have taken or are presently taking.

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Have you ever been suspended or dismissed from any high school, college or university? ☐ Yes ☐ No If yes, please explain:

___________________________________________________________________________________________________________

List all colleges and universities attended, including Westminster.

School Name City & State Dates Attended Reason for Leaving

___________________________________________________________________________________________________________

Are you eligible to return to the last college or university you attended? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

I hereby apply for admission to Westminster College and certify that all of the information provided here is my own work and, to the best of my knowledge, complete and accurate.

Signature: ____________________________ Date: ____________________________

Westminster College does not discriminate on the basis of race, sex, color, religion, national and ethnic origin, or physical handicap in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.
High School Activities/Volunteer Experience

Please list your extracurricular and personal activities (school, community, church, work, etc.). Be sure to highlight the activities in which you have demonstrated leadership roles. This information will be used for scholarship consideration. Please be thorough and attach a separate sheet, if necessary.

<table>
<thead>
<tr>
<th>Activity or Interest</th>
<th>Years of Participation</th>
<th>Average hours per week spent on this activity</th>
<th>Positions Held or Honors</th>
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<td></td>
<td>College</td>
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Honors & Awards

List academic distinctions, awards or special state or national programs in which you have been involved:

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Family Information

Parent’s marital status: [ ] Married    [ ] Separated    [ ] Divorced— if divorced, mark [ ] Father remarried    [ ] Mother remarried
Father deceased: [ ] Yes    [ ] No    Mother deceased: [ ] Yes    [ ] No

Please indicate the parent or guardian with whom you legally reside and to whom all correspondence should be sent:

[ ] Parents    [ ] Father    [ ] Mother    [ ] Other ____________________

Father/Guardian’s name, in full: __________________________
Mother/Guardian’s name, in full: __________________________

Address: ___________________________________________

Address: ___________________________________________

Home Phone: (______) _______________________________

Home Phone: (______) _______________________________

Cell Phone: (______) _______________________________

Cell Phone: (______) _______________________________

Email _____________________________________________

Email _____________________________________________

Occupation & Title: __________________________________

Occupation & Title: __________________________________

Employed by: _______________________________________

Employed by: _______________________________________

Business Phone: (______) _____________________________

Business Phone: (______) _____________________________

College(s) attended: __________________________________

College(s) attended: __________________________________

Name(s) of Brothers and Sisters Age Grade School presently attending or schools attended

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Alumni Relationships: List full name, relationship and class year of those family members who have attended or are attending Westminster College.

___________________________________________________________________________________________________________

Have either of your parents graduated from college? [ ] Yes    [ ] No
TO THE STUDENT:
Please complete the brief section below before giving this form to your college advisor, counselor or teacher. Be sure to allow ample time for the individual to respond before deadline dates. Applicants are responsible for ensuring the arrival of all materials necessary to complete their application including transcripts and recommendations.

☐ I waive my right to view this form upon completion.

Please type or print in black ink.

Name of Applicant _______________________________________________________________________________________

Last First Middle

Home Address: __________________________________________________________________________________________

Number Street _________________________________________________________________________________________

City State/Province Zip Code (Area Code) Telephone

TO THE HIGH SCHOOL OFFICIAL:
After completing the information below, please attach your statement of recommendation for this applicant. Return this form, the statement and an official copy of the applicant’s transcript indicating class rank and grade point average, courses completed, current semester courses, record of testing to date, and designated honors or accelerated coursework to: Office of Enrollment Services, Westminster College. Please type or print in black ink.

Recommendation completed by (please print): ____________________________________________ Title: __________________

School: _______________________________________________________________ H.S. Code: ___________________________

School Address: ____________________________________________________________

Number Street _________________________________________________________________________________________

City State/Province Zip Code (Area Code) Office Telephone

How long have you known the applicant? _________________________ In what capacity? _______________________________

Please complete:

• School: ☐ Public ☐ Non-Public Accredited by: ☐ State System ☐ Regional Accreditation Association
  Percent of graduates entering 4 yr. Colleges ____________ 2 yr. Colleges ____________ Other ____________

• Student’s rank in-class, is ____________ in class size ________________________________, based on _________ semesters.
  The rank is ☐ Weighted ☐ Unweighted ☐ Our school does not rank

• Student’s GPA is ____________ based on _________ semesters and _________ point scale.
  The GPA is ☐ Weighted ☐ Unweighted

• If school policy precludes any recommendations, please check here. ☐

• In comparison to other college preparatory students at your school, the applicant’s course selection is:
  ☐ Less than demanding ☐ Average ☐ Demanding ☐ Most Demanding ☐ Eligible for college prep certificate or equivalent?

• Your recommendation may be used for educational counseling and will be kept in the student’s permanent record. If you wish to only have your recommendation considered for admission and scholarship purposes, and not included in the student’s permanent file, please check here. ☐

Please complete remaining information on the back side of this form. (7-08)
Please rate this applicant for admission to Westminster College on the basis of:

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Well Above Average</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<td>Respect</td>
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<td>Accepts Responsibility</td>
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<td>Integrity/Fairness</td>
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<td>Initiative/Work Ethic</td>
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<td>Leadership Potential</td>
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<td>Involvement/Engagement</td>
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Words that come to mind quickly to describe this student:

____________________ ____________________ ____________________ ____________________

Optional Comments:

☐ Please call me - I have additional comments to share.

Signature: ____________________________________________ Date: ____________________________

Mail all materials to:
Westminster College • Office of Enrollment Services
501 Westminster Avenue • Fulton, Missouri 65251

Questions?
(800) 475-3361 • (573) 592-5251 • (573) 592-5255 fax
admissions@westminster-mo.edu • www.westminster-mo.edu