



Application for Admission:

### Explore@RC – Non-Degree Seeking Student

The Roanoke College Lab School works in partnership with local school divisions to provide high school students with a strong foundation for pursuing college and career success. Lab School students will have access to four dual enrollment opportunities per school year (two courses in Fall semester and two courses in Spring semester), offered on the Roanoke College campus.

#### Getting Started:

When do you plan to begin taking lab school classes at Roanoke College?

Fall/August \_\_\_\_\_ (Application deadline March 1)

Spring/January \_\_\_\_\_ (Application deadline December 1)

Anticipated Entry Year: \_\_\_\_\_

Preferred Pathway: STEM/Healthcare  
Education/Global Studies  
Communications/Civic Engagement

#### Personal Information: PLEASE PRINT

Full Legal Name (*First, Middle, Last*): \_\_\_\_\_

Preferred or Nickname: \_\_\_\_\_

Permanent Address (*Number/Street Address, City, State, Zip*):

\_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Birth Date (*MM/DD/YYYY*): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### School Information:

High School Name: \_\_\_\_\_

High School Address (*Number/Street Address, City, State, Zip*):

\_\_\_\_\_

High School Dates of Attendance (*MM/YYYY*): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current High School GPA: \_\_\_\_\_

Current High School Grade Level (*Circle one*):      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>

### **Additional Student/Family Information:**

My Parents/ Guardians are: ☐ Married      ☐ Separated      ☐ Divorced      ☐ Single  
☐ Widowed      ☐ Other: \_\_\_\_\_

Parent/ Guardian 1 Information:

Full Name (*First, Middle, Last*): \_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Permanent Address (*Number/Street Address, City, State, Zip*):

\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/ Guardian 2 Information:

Full Name (*First, Middle, Last*): \_\_\_\_\_

Relationship to Student:

\_\_\_\_\_

Permanent Address (*Number/Street Address, City, State, Zip*):

\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Written Response: REQUIRED**

*Your response should be attached to this application. Applications submitted without the Written Response will not be considered for admission.*

In approximately 200-350 words, please answer the following questions:

- 1) How do you define “success” and what will your success look like in the future?
- 2) What are your strategies for navigating academic success, particularly when content is difficult, or you have an unexpected roadblock?

There are no right or wrong answers! Be honest; we are truly interested in getting to know the real you.

Please feel free to type or submit a handwritten response.

This information is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize acceptance and enrollment in the Program.

I understand that approval for this program is not an offer or guarantee of future admission to Roanoke College coursework.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_