



ASSURING STEM CREDENTIAL EXPANSION THROUGH NURTURING DIVERSITY (ASCEND) SCHOLARS PROGRAM

University of Illinois at Chicago
 Office of the Vice Provost for Undergraduate Affairs
 851 S. Morgan Street, Room 120-A
 Chicago, IL 60607
 312.413.8432/413.8597

All information on this application is confidential. Please print or type.

First Name _____ Last Name _____ Middle Initial _____

Address _____ Apt.# _____

City _____ State _____ Zip _____ Phone () _____

UIN _____ Gender: Male Female

Email _____ Expected Major _____

- Ethnicity:** African-American Mexican American Native American
 Puerto Rican White, non-Hispanic Other Hispanic
 Asian Other _____

ACADEMIC INFORMATION

Current High School Name _____

Address _____ City _____

Type of School (circle one): Public Private/Parochial Expected graduation date _____

What is your current: Grade Point Average (ex. 3.5 out of 4.0) _____ Class Rank _____ out of _____

Please indicate the most recent letter grade (A, B, C, D, or F) received and the year in school during which the course was taken (Fr, So, Jr, or Sr):

Course	Year	Grade	Course	Year	Grade	Course	Year	Grade
Pre-Algebra	_____	_____	Calculus	_____	_____	Biology	_____	_____
Algebra I	_____	_____	AP Calculus	_____	_____	AP Biology	_____	_____
Algebra II	_____	_____	Comp Science	_____	_____	Chemistry	_____	_____
Geometry	_____	_____	AP Computer Sci.	_____	_____	AP Chemistry	_____	_____
Trigonometry	_____	_____	Life Science	_____	_____	Physics	_____	_____
Prob/Stats	_____	_____	Physical Science	_____	_____	AP Physics	_____	_____
Other _____	_____	_____	Other _____	_____	_____	Other _____	_____	_____

(Over)

If you have taken the ACT or SAT standardized tests, please indicate your score and year taken:

ACT year taken_____

SAT year taken_____

Reading _____ Science _____
Language _____ Composite _____
Math _____

Verbal _____
Math _____

Please list any academic honors and awards received:

What are your future goals and career plans?

How will the UIC ASCEND Scholars Program benefit you?

Print Applicant's Name_____

Signature of Applicant_____ **Date**_____

Mail completed application to:

***ASCEND Scholars Program
University of Illinois at Chicago
120A Science and Engineering Offices M/C 159
851 S. Morgan Street
Chicago, IL 60607***

312.413.8432/413.8497