



# CAPITOL COLLEGE

*Laurel, Maryland*

Application for Admission and Scholarships

**FULL-TIME STUDENTS**

# Application for Admission

Capitol College, Laurel, Maryland

## INSTRUCTIONS

All sections of the application must be completed. Your \$25 application fee, Social Security number and signature are required to complete the application process. **Students must have their official high school transcript or GED sent to the Office of Admissions. All first-time freshman under the age of 22 must also submit SAT or ACT scores.** Transfer students who have or will be receiving an Associate in Applied Science degree need only send college transcripts. Priority deadline for scholarships is March 1.

### PERSONAL DATA

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent address \_\_\_\_\_

City \_\_\_\_\_ County (MD residents only) \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ County (MD residents only) \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_ I would prefer to be contacted by:  Phone  Email

Do you have a Web page?  No  Yes, URL: \_\_\_\_\_ Sex:  Male  Female

Social Security number \_\_\_\_\_ Marital status \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

### PREDOMINANT ETHNIC BACKGROUND

*To be used only for required federal reports.*

- Asian (AS)  Black: Non-Hispanic (BL)  White: Non-Hispanic (WH)  
 Hispanic (H)  American Indian (AI)

### CITIZENSHIP

- U.S. Citizen  Permanent resident

Alien registration number: \_\_\_\_\_

*If you are not a U.S. citizen or permanent resident, you must complete an international student application.*

### FINANCIAL AID PLANS

Do you plan to apply for financial aid?  Yes  No Are you eligible to receive Veterans' educational benefits?  Yes  No

### ADMISSIONS INFORMATION

Application status:  First-time freshman  Transfer student Program applying for:  BS degree  AAS degree

- Intended major:  Astronautical Engineering  Electrical Engineering  Network Security  
 Computer Engineering  Electronics Engineering Technology  Software Engineering  
 Computer Engineering Technology  Management of Information Technology  Software and Internet Applications  
 Computer Science  Management of Telecommunications Systems  Telecommunications Engineering Technology  
 Undecided

Do you plan to: Semester for which you are applying:

Live on campus Fall \_\_\_\_\_

Commute Spring \_\_\_\_\_

Summer \_\_\_\_\_

Have you ever:

Applied to Capitol College

Attended Capitol College

If so, when? Year \_\_\_\_\_ Term \_\_\_\_\_

How did you hear about Capitol College? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Year graduated or will graduate \_\_\_\_\_ If you did not graduate from high school, did you receive a GED?  Yes  No If yes, when? \_\_\_\_\_

Grade point average (GPA) \_\_\_\_\_

**Please list all colleges and institutions you have attended. Have a transcript sent from each college or institution as soon as possible.**

Name of College or Institution	Location (City, State, ZIP Code)	Number of Credits	Degree Earned	Major Concentration	Dates Attended
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Dates you took, or plan to take the Scholastic Aptitude Test (SAT) or American College Test (ACT) \_\_\_\_\_

Score: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Composite \_\_\_\_\_ Highest level of mathematics taken \_\_\_\_\_

**FAMILY BACKGROUND**

**Name of parent or guardian** (spouse, if married) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to you \_\_\_\_\_ Level of education \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

**Name of second parent or guardian** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to you \_\_\_\_\_ Level of education \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

**List below family members or anyone you know who is attending or has graduated from Capitol College:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Years attended \_\_\_\_\_ Year graduated \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Years attended \_\_\_\_\_ Year graduated \_\_\_\_\_

**Person to contact in case of emergency:** Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Please sign the back page.**

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On a separate sheet(s) of paper, please complete the following:

1. List any academic awards that you have received.
2. List any community service in which you have participated.
3. Complete an essay addressing the question:

"Why would you like to attend Capitol College and what are your plans for the future?"

Your double-spaced essay should not exceed two typewritten pages.

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Your application will not be processed without your signature and the \$25 application fee. Please be sure that you have completed all sections. This application is available online at [www.capitol-college.edu](http://www.capitol-college.edu). Please have all official transcripts and standardized test scores sent to Capitol College to complete your admissions file.

Mail application to: **Capitol College, Office of Admissions, 11301 Springfield Road, Laurel, MD 20708-9758.**

To be considered for all scholarships and institutional financial aid, you must also complete the financial aid estimator worksheet.

**I hereby certify** that I personally filled out this form and that the information is complete and accurate. I understand that all credentials submitted in support of this application become the property of Capitol College and are not returnable. I also consent to and authorize the reproduction and use by Capitol College of any and all photographs taken of me in relation to the college. In making this application, I accept and agree to abide by all of the policies and regulations of Capitol College, including those concerning drug and alcohol abuse. I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations. A copy of the policies and regulations is available at [www.capitol-college.edu](http://www.capitol-college.edu) or in the student handbook, which is available upon request.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL OPPORTUNITIES**

*Capitol College Corporation actively subscribes to a policy of equal educational and employment opportunity and, in accordance with Title IX of the education amendments of 1972, does not discriminate on the basis of race, color, sex, handicap, religion, national or ethnic origin in admission, treatment of students or employment.*