

FRESHMAN APPLICATION

PACIFIC LUTHERAN UNIVERSITY

BIOGRAPHICAL AND APPLI	CATION INFORMA	TION		
For Admission to:				
Full Legal Name:	FIRST	MIDE	LE	LAST
Preferred First Name:				
Former Name:				
Social Security Number:				
Birthdate:/	_/Bir	thplace:		
Country of Citizenship:		A	re you a U.S	6. permanent resident? 🗆 Yes 🗅 No
Visa Type/Classification:		C	ther:	
What influenced you to apply	y to PLU?			
EMAIL AND ADDRESS				
Email:		Parent/Fa	amily Email	
Permanent Address:				
				CITY
STATE	ZIP			COUNTRY
PHONE				CELL PHONE
Mailing Address:				
				CITY
STATE	ZIP			COUNTRY
PHONE				CELL PHONE

FINANCIAL AID			
Do you plan to submit a FAFSA? □ Yes □ No			
SCHOLARSHIPS AND BENEFITS			
Please indicate any of the following artistic achievement scholarships for which you plan to audition/apply: Art Dance Forensics/Debate Music Theatre			
Do you plan to apply for the Presidential Scholarships? Yes No			
Are you a dependent of a veteran or someone currently serving in any branch of the U.S. Armed Forces?			
□ Yes □ No			
Please indicate if you will be applying for the Army ROTC scholarship: ☐ Yes ☐ No			
Please indicate if you plan to use the following benefits: Post-9/11 G.I. Bill Yellow Ribbon			
RELIGIOUS/ETHNIC INFORMATION			
Are you Hispanic or Latino? ☐ Yes ☐ No			
Select one or more from the following: (checkboxes for the following)			
☐ American Indian or Alaska Native			
□ Asian			
☐ Black or African American			
□ Native Hawaiian or Other Pacific Islander			
☐ White			
If other than English, what primary language is spoken in your home?			
Religious Preference			
□ Lutheran			
Home Congregation			
City Synod			
□ Baptist			
□ Episcopal			
☐ Jewish			
☐ Methodist			
☐ Presbyterian			
□ Roman Catholic			
☐ Other - Christian			
□ Buddhist			
□ Muslim			
□ Hindu			
□ None			
☐ Choose Not to Report			
Other:			

Are you a child of clergy? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND				
High School:				
CITY STATE				
Graduation Date:/ GED taken:/ MONTH YEAR MONTH YEAR				
High School Guidance/College Counselor Name:				
Phone: Email:				
I took the SAT/ACT on://				
/				
/				
I'm planning to retake the SAT/ACT on: / /				
Have you requested your scores to be sent to PLU? ☐ Yes ☐ No				
Do you wish to submit any of the following for college credit for consideration?				
☐ Advanced Placement (AP) exam results				
☐ Cambridge International exam results				
☐ International Baccalaureate (IB) exam results				
☐ Washington state Running Start credits				
College Attended:				
Are you a member of Phi Theta Kappa (PTK?) □ Yes □ No				
Are you a member of American Honors? 🗆 Yes 🗅 No				
☐ Other college credits earned during high school				
College Attended:				
Please indicate any of the following for which you currently hold recognition:				
□ National Merit Semi-Finalist				
□ National Hispanic Scholar				
□ National Achievement Scholar				
□ College Bound Scholar				
□ Other				
EDUCATIONAL PLANS				
Intended major:				
Other subjects/career area interests:				
Applying for IHON: ☐ Yes ☐ No Plan to study abroad: ☐ Yes ☐ No				
What areas of the world interest you?				
Do you plan to live on-campus: • les • 100				

FAMILY INFORMATION					
Did either of your parents gradua	te from a two-year colleg	e? 🗆 Yes 🗅 No			
Did either of your parents graduate from a four-year college? ☐ Yes ☐ No					
Did either of your parents (or ste	o-parents, if applicable) at	ttend PLU for two or more (consecutive		
semesters? □ Yes □ No					
Please list their student name(s) a	and graduation vear:				
	, , , , , , , , , , , , , , , , , , , ,				
(Parent/Legal Guardian 1)					
□ Mr. □ Mrs. □ Miss					
FIRST	MIDDLE		LAST		
Relationship:					
Mailing Address (if different):					
			CITY		
STATE	ZIP	COUNTRY			
PHONE		EMAIL			
Occupation:	Jok	o Title:			
Business/Organization/Employer	:				
Colleges Attended					
College Name:					
Degree Earned:		Year:			
College Name:					
Degree Earned:	d:Year:				
(Parent/Legal Guardian 2)					
□ Mr. □ Mrs. □ Miss					
FIRST	MIDDLE		LAST		
Relationship:			2.0.		
Kelationship					
Mailing Address (if different):					
			CITY		
STATE	ZIP	COUNTRY			

PHONE	EMAIL		
Occupation:	Job Title:		
Business/Organization/Employer:			
Colleges Attended			
	Year:		
College Name:			
Degree Earned:	Year:		
Have you been or are you currently a foster y	youth in the state of Washington? 🗆 Yes 🗅 No		
Have you been in foster care in Washington 9 emancipated from care on or after January 1,	State for at least one year since your sixteenth birthday and , 2007? 🏻 Yes 🗬 No		
Siblings:			
Name:	Birthday:////		
	MONTH DAY YEA Graduation Year:		
College:			
Name:	Birthday: / / / / / YEA		
	Graduation Year:		
College:			
Name:	Birthday: / / / / / YEA		
	MONTH DAY YEA Graduation Year:		
College:			
Relatives/Friends who attended PLU:			
Name:			
	Year graduated:		
Name:			
Relationship to you:	Year graduated:		
Name:			
Relationship to you:	Year graduated:		

Name of Activity	9 10 11 12	Leadership Position(s) Held, Honors Awarded & the year	Do you plan to participate in college
CURRENT YEAR ACADEMI Courses to be completed d			
Semester 1/Trimester 1	Semester 2/	Trimester 2 Semester	2/Trimester 2
	:		

CURRENT YEAR ACADEMIC	INFORMATION (CONT.)	
Courses to be completed du	ring the year:	
Semester 1/Trimester 1	Semester 2/Trimester 2	Semester 2/Trimester 2
	ional information you would like the co us.	
PLU APPLICATION ESSAY O	PTIONS	
	arty for three guests. These guests can future. Who would you invite and why	
P.S. You're cooking. What	will you be making for your guests?	
	is "PLU seeks to educate students for li other people, for their communities an	
out experience of our stu	dents, faculty and staff inside and outs ourself, what would it be? Explain how	a university and community, and the lived side the classroom. If you were to create it reflects your values, personality,

☐ Essay Option 3
Please submit a college application essay on a topic of your choice.

STATEMENT OF CHARACTER AND SIGNATURE

Have you been convicted of a felony or grosyou at this time? Yes No	ss misdemeanor, or do you have a court cas	e pending against		
By submitting this application for enrollment to Pacific Lutheran University, I hereby certify that the information contained in it is true and complete to the best of my knowledge and belief. I understand and agree that if PLU discovers at any time during my enrollment that I have provided inaccurate or untruthful information in my application (or any related documents), PLU may immediately terminate my enrollment and/or housing without reimbursement or refund to me of any costs, tuition, fees or rent. Permission is hereby given to release appropriate test scores and academic records requested by Pacific Lutheran University.				
□ I agree//	YEAR			
NAME OF APPLICANT (PRINT)	SIGNATURE OF APPLICANT	DATE		

PLU does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, PLU Human Resources, Tacoma, WA 98447; 253.535.7187.