

# Application for Monroe Summer Law Program

Three ways to apply; choose one:

1. **Mail** application to: Michele Rodney, Monroe Summer law Program Monroe College, 434 Main Street, New Rochelle, NY 10801
2. **E-mail** application to: [summerlaw@monroecollege.edu](mailto:summerlaw@monroecollege.edu)
3. **Fax** application to: (914) 632-4701 **or** (718) 817-8416

## PLEASE PRINT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail address \_\_\_\_\_@\_\_\_\_\_

High School \_\_\_\_\_

HS Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of HS Guidance Counselor or Principal \_\_\_\_\_

High School Grade (9/2010):  Sophomore  Junior  Senior GPA: \_\_\_\_\_

Application must include copy of most recent transcript

How did you learn about the Summer Law Program? \_\_\_\_\_

Have you participated in an overnight program or residential camp before?  Yes  No

List clubs, activities, leadership positions, hobbies (Use a separate sheet if necessary.)

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## Writing sample; choose one:

1) **Brief Autobiography:** On a separate sheet of paper, **type** a brief essay about your family life, interests and personality.

2) **Representative writing sample:** Essay or research paper previously submitted for a high school class.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Scholarship Request:** Briefly explain below either academic qualifications or financial need (or both) for scholarship assistance and an Admissions Counselor will be in touch with you:

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# CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT ALL INFO AND FAX THIS FORM TO  
914-632-4701 or 718- 817-8416  
ATTENTION: MS. MICHELE RODNEY or HANIF BENJAMIN

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## Re: AUTHORIZED CREDIT CARD CHARGE

I, \_\_\_\_\_, hereby request that my credit card indicated below be charged in the  
(**Credit Card Holder Name**) the amount of \$\_\_\_\_\_. I understand that no official transcript or  
academic credits can be awarded until all financial obligations to Monroe College have been satisfied.

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS OF CARD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

CARD TYPE (check one): \_\_ AE; \_\_ MC; \_\_ VISA; \_\_ DISCOVER

CARD NUMBER: \_\_\_\_\_

THREE – FOUR DIGIT SECURITY CODE: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

CARD HOLDER'S DAYTIME PHONE #: \_\_\_\_\_

CARD HOLDER'S EVENING PHONE #: \_\_\_\_\_

## PLEASE INDICATE DATES YOU WANT US TO CHARGE YOUR CREDIT CARD:

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

**FULL PAYMENT MUST BE RECEIVED BY TUESDAY, AUGUST 4<sup>TH</sup>**