

University of the Virgin Islands 2 John Brewers Bay St. Thomas, VI 00802 **Office:** (340) 693-1100

Fax: (340) 693-1115 Email: cell@uvi.edu Website: http://cell.uvi.edu

2014 APPLICATION FORM

STUDENT INFORMATION			
Student:Last	First !	Middle	
High School:			
Date of Birth: / /	☐ Male ☐ Female		
Contact Number:	E-Mail:		
PARENT / GUARDIAN INFORMATION			
Parent / Guardian:			
Last Physical Address:	First	Middle	
Mailing Address:			
Telephone:	Alternate Telephone:		
Parent/Guardian E-Mail:			
ESSAY AND REFERENCE INFORMATION			
ESSAY : Submit a 1-page essay explaining "Why L application.	Do You Want to Participate in this SAT Progr	<i>am</i> " with your	
Name and Telephone Number of High School Guida	lance Counselor		
Guidance Counselor	Contact Number	Contact Number	
Student Signature:	Date:/	/	
Parent Signature:	Date:/		
Please submit this application by Friday, March 7,	2014 to the University of the Virgin Islands Con	nmunity	

Please submit this application by <u>Friday, March 7, 2014</u> to the University of the Virgin Islands Community Engagement and Lifelong Learning (UVICELL) Center. Drop off, mail or fax completed application to UVICELL. See contact information at the top and bottom of the page.

The SAT Preparation program is offered at UVICELL is made possible by a donation from Oson, VI, LLC. Applicants <u>MUST</u> be a public high school student in either the 10th or the 11th grade, with a <u>GPA of 2.0 to 3.5</u>. Classes are scheduled to begin <u>Saturday</u>, <u>March 15</u>, <u>2014</u>.

Applications will be accepted on a first-come, first-serve basis. Space is limited.