

**LeMOYNE-OWEN COLLEGE**  
**Tennessee Louis Stokes Alliance for Minority Participation**  
**Application**

**Personal Data**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Phone (include area code): \_\_\_\_\_

Race/Ethnicity (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> African (Black) American   | <input type="checkbox"/> Asian American         |
| <input type="checkbox"/> Mexican American (Chicano) | <input type="checkbox"/> Native American        |
| <input type="checkbox"/> Puerto Rican               | <input type="checkbox"/> White, not Hispanic    |
| <input type="checkbox"/> Other Hispanic             | <input type="checkbox"/> Other (Specify): _____ |

**Academic Information**

College/High School: \_\_\_\_\_

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

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

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

GPA (Cumulative): \_\_\_\_\_ Grading Scale (Please check):  4.0  Other \_\_\_\_\_

Intended area of Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Graduation Date (mo/year): \_\_\_\_\_

Counselor ( For High School Seniors only): \_\_\_\_\_

Include with your application a copy of your transcript that includes grades for Fall 2002, a letter of recommendation from a faculty member whom you have had as an instructor, and a brief typed statement (not too brief) of your academic and career goals and why you want to participate in the TLSAMP Program. All materials must be submitted to Dr. John Harris, Coordinator TLSAMP, LeMoyne-Owen College, 807 Walker Avenue, Memphis, TN 38126 by 28 April 2003

Signature \_\_\_\_\_

Date \_\_\_\_\_