



LOYOLA
UNIVERSITY MARYLAND

McGuire Scholars Application for Admission

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Preferred Daytime Phone: ()	Preferred Evening Phone: ()		
Preferred E-mail Address:	Loyola Employee ID #:		
EDUCATION			
Last High School Attended:			
Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, Date GED Was Awarded:		
College Attended:	From:	To:	
Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, Degree:	If NO, Number of Credits Earned:	
Other:	From:	To:	
Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, Degree:	If NO, Number of Credits Earned:	
LOYOLA EMPLOYMENT			
Loyola Start Date (Year):		Current Department:	
Current Job Title:		Supervisor:	
Responsibilities:			
EDUCATIONAL GOALS			
Bachelor's Degree From Loyola University MD <input type="checkbox"/>		Bachelor's Degree From An Institution Other Than Loyola University MD <input type="checkbox"/>	
Graduate Degree <input type="checkbox"/>		Not Sure <input type="checkbox"/>	
Other (Specify):			
EDUCATIONAL READINESS			
Math Courses Competed:			
Algebra I <input type="checkbox"/>	Algebra II <input type="checkbox"/>	Calculus <input type="checkbox"/>	Geometry <input type="checkbox"/>
Pre-calculus <input type="checkbox"/>	Trigonometry <input type="checkbox"/>	None <input type="checkbox"/>	

Computer Skills:

Do you currently use a computer either at work or at home: YES NO

Rate your use of the Internet: Never used Beginner Intermediate Advanced

Rate your use of Microsoft Outlook (email): Never used Beginner Intermediate Advanced

Rate your use of Microsoft WORD: Never used Beginner Intermediate Advanced

Rate your use of Moodle: Never used Beginner Intermediate Advanced

Please attach the following documents:

1. A brief (200-300 word) personal statement describing your professional goals and explaining how your participation in McGuire Scholars will help you meet your goals.
2. A brief signed letter from your supervisor stating his/her support of your participation in McGuire Scholars, including a commitment to offer you a flexible work schedule to attend McGuire Scholars classes.

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date: