

**APPLICATION FOR ADMISSION AS
AN AFFILIATED STUDENT TO ST. JOHN'S COLLEGE
OF THE UNIVERSITY OF CAMBRIDGE**

**AFFIX
PHOTOGRAPH
HERE**

CANDIDATE'S LAST NAME _____
INITIALS AND TITLES (Mr., Mrs., Ms., etc.) *(BLOCK CAPITALS)*

INSTITUTION WHERE CURRENTLY ENROLLED _____

PROPOSED COURSE OF STUDY _____

*THIS FORM IS TO BE USED ONLY FOR THE DAVIES-JACKSON SCHOLARSHIP
AT ST. JOHN'S COLLEGE, CAMBRIDGE UNIVERSITY. IF YOU WISH TO APPLY TO CAMBRIDGE
UNIVERSITY INDEPENDENTLY OF THE DAVIES-JACKSON SCHOLARSHIP, YOU SHOULD USE THE
STANDARD AFFILIATED APPLICATION FORM AVAILABLE FROM ANY COLLEGE.*

Completed Applications

Please send this completed application form and four additional copies to: A. Graham Down, Director, Davies-Jackson Scholarship Program, c/o The Council of Independent Colleges, One Dupont Circle, NW, Suite 320, Washington, DC 20036.

Each completed application includes:

- a passport-sized photograph
- official college transcripts
- original written work
- two recommendations

(to be sent by the referee to the scholarship office in accordance with the stated deadline)

Closing Date for Applications

The official closing date for applications is November 2, 2009. Candidates are asked to send their forms well in advance of the closing date if possible.

APPLICATIONS WILL NOT BE CONSIDERED unless all materials, including completed application forms, photo, transcripts, original written work, and two recommendations are received by the Davies-Jackson Scholarship Program Office by November 2, 2009.

Candidate's name in full <i>(block capitals):</i>	Last Name		Other names <i>(underline that most commonly used)</i>		Title	
	Place and country of birth :			Nationality		
	Email Address:					
	Date of birth:	Day	Month	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Home address:			Telephone <i>(including area code)</i>		
	Correspondence Address <i>(if different from above) :</i>					
1) High school examination results, subjects, and grades: 2) SAT scores, ACT scores, GRE scores <i>(where applicable):</i> 3) G.P.A.: 4) Advanced placement scores and subject matter <i>(where applicable):</i> Name and address of school attended prior to college:						
College-level education: Degree (i) in prospect	Institution:		State:			
	Degree _____ Major _____ Minor _____ Date Commenced _____ Date to be Completed _____					
(ii) achieved	Institution:		State:			
Degree _____ Major _____ Minor _____ Date Commenced _____ Date Completed _____						
College examination record to date:						
Scholarships, prizes, and other distinctions, including Dean's List, Cum Laude, etc .:						
Proposed course of study at Cambridge :						

Please give names and addresses of two (2) persons acquainted with your academic work whom you have asked to write on your behalf, indicating your academic fitness and general suitability to undertake your proposed course. The completed "Applicant Recommendation Forms" enclosed should be sent by these persons directly to the Davies-Jackson Scholarship Director as soon as possible after they have agreed to act as referees.

Note: If your native language is not English, St. John's College will wish to be told about the standard of your proficiency in English. Your application cannot be considered until these forms have been received.

1. Name _____

Address _____

2. Name _____

Address _____

Why do you wish to pursue your proposed course at Cambridge? (*Attach another page if necessary*)

(a) Have you applied to Cambridge before? If so, give date of application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____				
(b) Previous international study and travel experience(s):	_____ _____					
(a) Current marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married					
(b) Children (give number and age(s)):	_____ _____					
(c) Will your spouse and/or children be resident with you in Cambridge?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian Information <i>Contact information, occupations, and educational background of parent(s) or guardian(s) :</i>	Highest Degree Obtained					
Mother/Guardian _____ Name _____ Address _____ Telephone Number (include area code) _____ Occupation _____	Mother/Guardian (Circle One)			Father/Guardian (Circle One)		
	Degree	Year Obtained	Granting Institution	Degree	Year Obtained	Granting Institution
	High School Diploma/GED			High School Diploma/GED		
	Associate			Associate		
	BA, BS			BA, BS		
	MA, MS, MBA, MSW, etc.			MA, MS, MBA, MSW, etc.		
	JD, PhD, MD, etc.			JD, PhD, MD, etc.		
Source(s) of financial support for your U.S. undergraduate education: indicate annual amount and duration. Give name and address of sponsor or sponsoring authority, if any, listing all scholarships and loans:	_____ _____ _____					
Other interests and activities:	_____ _____					
How did you learn about the Davies-Jackson Scholarship?	<input type="checkbox"/> Dean or Academic Administrator <input type="checkbox"/> Davies-Jackson website <input type="checkbox"/> Department Chairperson <input type="checkbox"/> Home Institution Website <input type="checkbox"/> Career Planning Officer <input type="checkbox"/> College Board Website <input type="checkbox"/> Faculty <input type="checkbox"/> Other _____ <input type="checkbox"/> Student					
I certify that the information given on this form is to the best of my knowledge correct. I waive any standard right of access to references supplied to St. John's College for the purpose of this application. SIGNATURE _____ DATE _____						