



# Visiting Student Application Junior Achievement

## Entrepreneurship Scholars Program

Metropolitan  
State University 

Office of Admissions  
700 East Seventh Street  
Saint Paul, MN 55106  
651-793-1302

Year and term of application \_\_\_\_\_ Year ☐ Sum ☐ Fall ☐ Spr

### Personal Information\*

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Sex: ☐ Male ☐ Female Gender Identity: ☐ Man ☐ Woman ☐ Self Identity \_\_\_\_\_ Preferred Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address Apt # City State Zip

Phone \_\_\_\_\_ (home) Phone \_\_\_\_\_ (cell)

### High School Information

School Name \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_

Current High School Grade Level \_\_\_\_\_ Year/Term of JAUM Program Completion: \_\_\_\_\_

### Ethnicity

How would you describe your racial background? (select one or more of the following categories)

Are you Hispanic or Latino (Check the box most appropriate regardless of race)

☐ Colombian ☐ Dominican ☐ Guatemalan ☐ Honduran ☐ Mexican/  
Mex-American ☐ Puerto Rican ☐ Salvadoran ☐ Other

Are you of Middle Eastern or North African descent? (Check the box most appropriate regardless of race)

☐ Algerian ☐ Egyptian ☐ Iraqi ☐ Israeli ☐ Lebanese ☐ Moroccan ☐ Palestinian ☐ Syrian

Asian (Check the box most appropriate)

☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indian ☐ Iranian ☐ Japanese ☐ Karen

☐ Korean ☐ Lao ☐ Nepalese ☐ Pakistani ☐ Thai

☐ American Indian or Alaska Native

☐ White

☐ Black or African American

Student Signature (required)

Date

Metropolitan State University is asking you to provide information that includes private and/or confidential information under state and federal law. **We are asking for this information in order to process your application form.** You are not legally required to provide the information the college/university is requesting; however, the university may not be able to effectively process your application if you do not provide sufficient information.

If you need this form in another accessible format, or need other accessibility accommodations, please contact the Center of Accessibility Resources at 651-793-1549 or by email at [accessibility.resources@metrostate.edu](mailto:accessibility.resources@metrostate.edu).

To expedite the processing of this application, please include a copy of your **JA Entrepreneurship Scholar Certificate** when submitting this form. Return the application and the copy of the certificate to [admissions@metrostate.edu](mailto:admissions@metrostate.edu) or to the address above.