

Common Application
Supplemental Information Form



Please print or type.

Thank you for submitting your application for admission to Earlham College. We are excited that you have taken the next, and possibly most important, step toward attending Earlham.

There is some information not requested on the *Common Application*, which we would find helpful to have as part of your application file. Please complete both sides of this form and return it to the address on the reverse by the appropriate application deadline. This is a required piece of your application for admission, and we will be unable to process your application without it. (You may use an additional sheet to respond to questions, but please attach it to this form.) Should you need assistance, call toll-free, 1-800-EARLHAM (1-800-327-5426).

Name of applicant _____
first middle last preferred first name

Home address _____
number and street city state ZIP code

E-Mail Address: _____

Please respond to the following:

1. Have you visited Earlham? If so, please provide the approximate date(s) of your visit. Yes, on or about _____ No
(dates)

2. How did you first learn about Earllham and how did your interest in the College develop?

3. Are you actively involved with the Society of Friends (Quakers)? If so, please list Monthly or Yearly Meeting membership (if any) and /or your involvement with Friends' organizations:

4. Do you have relatives who are attending or who have attended Earlham? If so, please list their names and their relationship to you:

5. Please mention any international experiences, special study programs or significant service projects in which you have participated.

(Please complete reverse side.)

