SUMMIT Registration Form 2017

Print and mail by July 31 to:

Office of the Chaplain: SUMMIT

P.O. Box 7204

Winston-Salem, NC 27109-7204

Full Name:	
Preferred Name:	
Address:	
City/State/Zip:	
Telephone Number: ()Email:	
Religious Preference:	
Date of Birth: MaleFemale	
Are you an international student? If yes, what country?	
Ethnic Background (Optional):	
African-AmericanHispanicAmerican Indian White/Anglo/CaucasianAsian or Pacific Islander	1
Class (Fall 2017)FreshmanSophomoreTransf	er
Please indicate T-shirt size:SmallMediumLargeXLarge	xXXLarge
Please indicate any dietary or health-related needs (e.g., allergies, etc.):	
Enclose \$200 minimum deposit with registration or \$375 total fee (make checks pay Forest University)	
Amount enclosed: \$ (Please do not staple check to form)	
Some scholarships are available. Amount of scholarship assistance requested: \$	
Explanation of Financial Need:	