



The Philadelphia Center

121 South Broad Street, 7th Floor
Philadelphia, PA 19107-4577
Tel. 215-735-7300 fax 215-735-7373
www.philactr.edu summerinthecity@philactr.edu

SUMMER IN THE CITY

APPLICATION FOR ADMISSION – PART I (page1)

Instructions

To apply for admission to The Philadelphia Center, please complete and submit this application (please print or type), a transcript or course listing, and one letter of recommendation.

Procedure

We will notify you of our decision regarding your enrollment in The Philadelphia Center program within 15 working days of receiving your completed application and accompanying materials.

Name _____ **Birthdate** ____/____/____

College/University _____ **Social Security #** _____

Campus Address (Street, Box #) _____ **Campus Phone**(____) _____

Campus Address (City, State, Zip) _____ **Email** _____

Parent or Guardian _____ **Home Phone** (____) _____

Home Address _____ **City, State, Zip** _____

Emergency Contact: _____ **Emergency Phone**(____) _____

Semester for which you are applying

Summer, 200 ____

Major(s) or intended Major(s): _____

Faculty Advisor: _____ **Department:** _____

Photography Waiver: I authorize the taking of my picture and/or authorize the use of my quotes, resume and portfolio for use in promotional materials by The Philadelphia Center. This consent is intended to release from liability The Philadelphia Center; Hope College; the photographers, and anyone publishing these pictures with the permission of The Philadelphia Center.

Signature _____

Date _____

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APPLICATION FOR ADMISSION – PART I (page2)

Applicant Statement

What do you hope to gain from your experiences in Philadelphia?

.....
Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department and Title _____

.....
Checklist of enclosures and attachments:

- _____ Transcript or descriptive list of courses and grades
- _____ Applicant statement
- _____ Letter of recommendation
- _____ Signatures
- _____ Application Fee - \$100.00 (non-refundable) Payable to The Philadelphia Center

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- Please email us at summerinthecity@philactr.edu if you have any questions.



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APPLICATION FOR ADMISSION – PART II

Letter of Recommendation for: _____

Thank you for recommending this student for The Philadelphia Center. If you wish to obtain more information about our program, please ask the applicant, see our campus representative, or contact us directly at summerinthecity@philactr.edu

In what capacity do you know this student?

1. Please comment on the student's academic ability.

2. Please comment on the student's maturity and level of competence with regard to learning in the workplace.

3. What else would you like us to know about this student?

Please return this recommendation to The Philadelphia Center. Thank you.

Name (Please Print) _____

Department _____

College/University _____

Telephone _____

Signature _____

Date _____