



# Bishop Rosecrans High School

1040 East Main Street  
Zanesville, OH 43701  
Phone: (740) 452-7504  
Fax: (740) 455-5080

www.rosecrans.cdeducation.org

## COLLEGE APPLICATION CHECKLIST

Student Name \_\_\_\_\_

Due Date for Documents \_\_\_\_\_

Is this date a "Receive By" \_\_\_\_\_ or  
"Postmark By" \_\_\_\_\_ date (Check One)

Street Address to which the application should be mailed:

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
Street Address for Admissions

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

### What should be sent in this envelope (Check all that apply)

- Paper Application
- Application fee (check/money order made out to college/university)
- Personal Essay NOTE: If more than one (1) is required, how many should be included? \_\_\_\_\_
- Activity Résumé
- Recommendations (Name from whom)
  - \_\_\_\_\_ 1. \_\_\_\_\_
  - \_\_\_\_\_ 2. \_\_\_\_\_
  - \_\_\_\_\_ 3. \_\_\_\_\_
- Guidance/School Counselor Form (If there is one, please print it, complete the top portion, and attach to this form)
- Transcript
- Bishop Rosecrans School Profile
- Additional Documents (please name them specifically in space provided below):

Postage Cost: \_\_\_\_\_

**\*\*\* ALL DOCUMENTS MUST BE SUBMITTED TO MRS. JACKSON'S OFFICE BY 2:45PM ON TUESDAYS TO BE MAILED BY FRIDAY OF THE SAME WEEK\*\*\***

\*\*\*\*\***For School Use Only**\*\*\*\*\*

Received By: \_\_\_\_\_  
Date Requested: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_

Date Postage Billed: \_\_\_\_\_  
Date Postage Paid: \_\_\_\_\_  
Postage Rec'd By: \_\_\_\_\_

Method of Postage Payment:  
 cash  check  money order