

## Opening Doors Ministry

Name \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_ Facebook Link \_\_\_\_\_

Instagram Link \_\_\_\_\_ Twitter Link \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_  
Last First Middle

Email(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone #'s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

High School you will graduate from: \_\_\_\_\_ Grad Year: \_\_\_\_\_

High School Address \_\_\_\_\_

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Sport(s) \_\_\_\_\_

Athletic Stats and Achievements \_\_\_\_\_

Top three college or university choices \_\_\_\_\_

\_\_\_\_\_

Please Note: We do not guarantee to get you into a college or looked at, but we will do our very best at helping you to do so.

\_\_\_\_\_  
Parent Signature

By signing here, I give Opening Doors Ministry consent to work with my child. By signing here, I also authorize \_\_\_\_\_ School to release my child's high school transcripts to Opening Doors Ministry of West Columbia, SC.

\_\_\_\_\_  
Student Signature



**Opening Door Ministry**  
1000 B Avenue ~ West Columbia, SC 29169  
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