

SCHOOL COUNSELING PROGRAM
PERSONAL ESSAY

NAME: _____

PERMANENT ADDRESS: _____

_____ **PHONE:** _____

WORK PHONE NUMBER: _____

LOCAL (SCHOOL) ADDRESS: _____

_____ **PHONE:** _____

DATE ESSAY SUBMITTED: _____

Please send any written correspondence to my:

_____ **Permanent Address**

_____ **Local Address**

Write your reason (s) for wanting to enroll in the School Counseling Graduate Program. This typed essay should be at least 250 words and no longer than 500 words.