



Centers of Excellence Summer Enrichment Program

High School Student Application

A. General Information: (Please print)

Name (last, first, middle): _____

Date of Birth: _____ SSN#: _____ Gender : _____

Home Telephone #: _____ Cell Telephone #: _____

Mailing Address: _____

Student's Email Address: _____

Parent/Guardian's Email Address : _____

Parent or Guardian's Signature

Emergency Contact Number

B. Academic Information:

School Name: _____

Current Grade: _____ Cumulative Grade Point Average: _____

ACT Score (if applicable): _____

School's Counselor Name

Counselor's Office Number

Use this checklist to complete the application packet:

- Photocopy of social security card and insurance card
- Copy of your high school transcript (indicating cum. gpa)
- 150 word typed Statement of Interest
- One letter of recommendation from a math or science teacher

Deadline: Friday, April 2, 2010