The University of Toledo STARZ Program

Toledo STARZ

An After School Enrichment Program
on The University of Toledo—Health Science Campus
September 24, 2009—May 20, 2010

STUDENT APPLICATION

I. STUDENT INFORMATION: Supply a complete answer to each item, writing N/A where appropriate.

Name: _____
First Middle Last

Address: _____
Number, Street, Apt. No. City State Zip

Home Phone: _____

CURRENT GRADE IN HIGH SCHOOL:
❍ 9TH ❍ 10TH ❍ 11TH ❍ 12TH

Birthdate: _____/_____/_____ Sex: ❍ Male ❍ Female

High School Currently Attending: _____

_____

School Address: _____

_____

Ethnicity

❍ African American	❍ Hispanic
❍ Native American	❍ Caucasian
❍ Native Pacific Islander/ Asian	❍ Other (self-description) _____

II. PARENTAL INFORMATION: Please give home address of parent if **not** the same as your own or write "same".

Father's Name:	Mother's Name:
Home Address:	Home Address:
Home Telephone:	Home Telephone:
Occupation:	Occupation:
Business Telephone:	Business Telephone:

Please list any activities that may conflict your participation in this year-long program: _____

_____

List community activities, employment or volunteer experiences (Attach an additional sheet if necessary).

_____

Student Signature:_____ Date: _____

III. PARENT CONSENT:
Parent/Guardian Signature: _____ Date: _____

Deadline for acceptance of completed application is **April 30—September 4, 2009.**

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THE UNIVERSITY OF TOLEDO 1872