Student Application Form

THE UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE

Center for Gravitational Wave Astronomy and Physics and Astronomy Dept. High School Summer Academy

21st Century Astronomy Ambassadors Program

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Gender	D.O.B (MM/DD/YYYY)	Age
_____	_____	_____
Address	City and Zip Code	Phone

Grade Level: 9th Grade-Freshman **OR** 10th Grade-Sophomore **OR** 11th Grade-Junior
(Circle Last Grade Completed)

Ethnicity: Hispanic Anglo African American Native American Asian/Pacific Islander
(Circle Applicable Ethnicity)

_____	_____
School District	Name of School/Phone Number

Mother's (Full Name): _____

Day Phone:_____ Ext._____ Highest Grade or Degree:_____

Father's (Full Name):_____

Day Phone:_____ Ext._____ Highest Grade or Degree:_____

Emergency Contact Name:_____ Phone:_____

Last Math Course: _____ Grade: _____

Last Science Course: _____ Grade: _____

****

CHECKLIST: (FOR UTB/TSC INTERNAL USE ONLY)

_____ Student Application Form
_____ Student Agreement Form (Signed)
_____ School transcript or copy of latest grade report
_____ Release and Indemnification Agreement
_____ Personal Statement
_____ Letter of Recommendation