	Last	First	Midd	lle			
				_U.S. Citizen	U.S.	Permanen	t Resident
Hispanic or Latino Not Hispanic or Latino			Black or African American White		American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander		
_	Street			City	State	Zip	
	Name	,	(Home)	City	State	Zip	_(Cell)
	Street			City	State	Zip	
			(Home)				_(Cell)
agree that take part in the require	declare that all th if selected to par all Academy act ments, I will not Please provide tra	ticipate ivities as receive	in the Tuskes s assigned to the \$300/we	gee University me by faculty	STEM Sum mentors. If I	mer Acado I fail to sai	emy, I wil tisfy any o
Student Signature			Date		Phone		
Parent/Guardian Signature			Date		Phone		