



Application Form
STEM-Summer Enrichment Program (STEM-SEP)
June 08-19, 2020

APPLICATION DEADLINE: February 21, 2020, 5:00 p.m.
Please type or print clearly. Only complete applications will be processed.

Today's Date: _____

Student's Name: _____ **Date of Birth:** _____ / _____ / _____
MM DD YY

Street Address: _____

Gender (circle one): Male Female

Race / Ethnicity: Hispanic African-American Asian/Pacific Islander
American Indian/Alaskan Native White

Other (please specify): _____

Phone number: _____ **Email:** _____

How did you hear about STEM-SEP?

Counselor Teacher Flyer/Other Advertisement

Letter from College/University Other (Specify): _____

Have you attended similar programs before (circle one)? ___ No ___ Yes (provide details): _____

Your High School: _____ Current High School overall GPA: _____

Grade level in spring 2019: ___ 10th ___ 11th Other (specify): _____

Science (Math, physics, biology, etc.) courses & year taken in High School:

High School Transcripts (to be attached to this application): Please submit a current transcript (unofficial copies are accepted).

Intended major or area of interest in college (if known): _____



Educational Attainment of Parents/Guardians (circle the highest level completed)						
Parent 1/ Guardian 1	No High School	Some High School	High School Graduate	Some College	Bachelors Degree or Higher	Don't Know/Not Applicable
Parent 2/ Guardian 2	No High School	Some High School	High School Graduate	Some College	Bachelors Degree or Higher	Don't Know/Not Applicable

Please list the following:

Extracurricular activities in school (example – sports, choir, school newspaper):

Awards and/or Honors (example – placing in academic competition, honor roll, etc.):

Community Service Activities (example – volunteering with homeless, tutoring younger students, **etc.**):

Short Essay (to be attached to this application):

In 300 to 500 words, explain why you are interested in attending this workshop.

Workshop Fee (To be paid if accepted into the program): \$200.00

Note: This fee is waived for economically disadvantaged students.

I understand that, if selected, I am required to attend all workshop sessions: _____ (please initial)

I hereby verify that all the information that I have provided on this application is true and accurate. My signature gives permission for the project personnel to review any academic records and any information pertaining to my eligibility for this workshop.

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Return completed application to: Dr. Ray Bachnak
W215 Olmsted Building
School of Science, Engineering, and Technology
Penn State Harrisburg
777 West Harrisburg Pike
Middletown, PA 17057