



ACAP 2009 Student Participant Application Form

(Please type or print legibly)

Personal Information

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ (_____) _____
Home Parent/Guardian Work

Ethnicity (optional): _____ Gender: Male _____ Female _____

Age: _____ Date of Birth: _____ Parent/Guardian: _____

Email: _____

High School Information

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ School Counselor's Name: _____

SAT or PSAT Overall Score: _____ Math _____ Verbal _____

Un-weighted GPA: _____ School Principal's Name: _____

Please fill out the following information with any activities or events that you take part in throughout the week. Please be specific with dates, titles, positions, amount of time spent on each activity, etc. (Additional pages may be attached.)

Education: (AP classes, vocational classes -shop, art, marketing, etc) _____

Experience: (i.e. part time job, volunteer work, etc) _____

Activities: (i.e. sports, clubs, church groups, etc) _____

Honors: (Honor Roll, National Honors Society, etc) _____

