



STUDENT APPLICATION FORM

Date _____

First Name: _____ Last Name: _____

Address: _____

Parent/Guardian Phone number: _____

Parent/Guardian Email address: _____

Current grade _____ Current School _____

Date of Birth _____ Adult T-shirt Size (S, M, L, XL) _____

1. You are applying for grade... _____ and Semester... _____

___ 6 th	___ 9 th	___ Fall
___ 7 th	___ 10 th	___ Spring
___ 8 th	___ 11 th	
	___ 12 th	
2. Which **class(es)** do you enjoy **most** in school? What class(es) do you like the **least**?
3. What do you like the **most** about **Science**? What do you like the **least**?



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9. Do you understand that this is a commitment to a **weekly program on Saturdays?**

Yes No

10. Do you understand that if selected, it is our hope and expectation that you will continue growing and learning with the Rise High family and friends through grade 12?

Yes No

PLEASE ASK A GUARDIAN/ADULT TO HELP YOU WITH THE NEXT QUESTIONS

Select preferred location for pick up/drop off:

Mont Pleasant MS Oneida MS
 Central Park MS Self Transport

Questions 11 through 14 are optional, but help us receive program funding and your answers are appreciated.

11. Individual and family needs (**MARK ALL THAT APPLY:**)

Financial Limitations

Special circumstances that add to financial stress or limitation of resources

(example: single parent home, disabilities, elder dependents, health-related issues, unemployment/underemployment, limited family experience with college).

Explain:

Lack of access to social/enrichment programs (example: after school programs, community groups, youth groups, sports groups)

Explain:

No access to mentors



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12. Did your legal guardian(s) go to college?
____ **Yes** ____ **No** Explain (if needed):

13. With what ethnic group(s) do you identify yourself? (This is **voluntary** – the information provided will only be used for statistics purposes. Ethnicity is not a factor in our selection process.)

14. Anything else that you would like to share with us to consider in your application?

Student signature

Legal guardian signature

Legal guardian name (please print)

Please submit your application using one of the following options:

- By email to contact@risehighstem.org
- By mail to **Rise High Inc, 430 Franklin St. Second Floor, Schenectady, NY 12305**