



INFORMATION SHEET

(Please print or type)

RETURN THIS FORM VIA EMAIL WITHIN 10 DAYS TO:

Academic Achievement Programs
University of Maryland
stp@umd.edu

I. General Student Information

NAME: Last First Middle Initial

Are you a U.S. Citizen? Yes No
If no, are you a Permanent Resident? Yes No (Permanent Residents must submit a copy of Permanent Resident Card.)

HOME ADDRESS: Street Apt. #
City State Zip

HOME PHONE: () CELL PHONE: ()

EMAIL: (Please print neatly!)

II. Academic Background

High School: City, State:

Graduation Date: M / Y What is your expected college major?

III. Family Information

(Please check one) () Father () Mother () Guardian () Other

Last Name First Name

Occupation/Job Title:

Work Phone: ()

Cell Phone: ()

Email:

(Please check one) () Father () Mother () Guardian () Other

Last Name First Name

Occupation /Job Title:

Work Phone: ()

Cell Phone: ()

Email: