INTERCOLLEGIATE PARTNERSHIP

Summer Science Program at Barnard College Application for LaGuardia Community College Students

Please return completed applications to Dr. Burl Yearwood, Room M-204, by 15 April 2016.

Name				
(last)		(first)		(middle)
Address				
(numb	er and street)			
(city)		(state)	(zip)	
Telephone			E-mail	
Sex (circle on	e) F	M	Date of Birth	
Birthplace			Soc Sec No	
Please list the attended and			condary schools and	I colleges that you have
What are you	planning to st	udy at LaGuardia	next year?	
Have you app	lied to other s	ummer programs′	? If so, please identi	fy them.
OPTIONAL Q	UESTIONS:			
Marital Status		F	irst Language	
How would yo	u describe yo	urself? Please cir	cle one.	
Asian	Black	Caucasian	Hispanic	Other

Family	/ Inforn	nation

	Father	Mother
Name		
Address		
		_
Employer		
Business		
Position		
Colleges attended, graduation year		
List any brothers and s	sisters, their ages, schools or o	colleges attended, and whether or not they
graduitoù.		

TRANSCRIPTS: Please submit transcripts of all college work with your application.

ESSAY: Please submit a two page essay in which you describe your educational and career goals, how your course of study at LaGuardia Community College is helping you meet those goals, and how participating in the Intercollegiate Partnership's summer program will further those goals.

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Summer Science Program at Barnard College

Recommendation for LaGuardia Community College Students

