

2016 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 April 8th 2016.**

Name

(last)

(first)

(middle)

Address

(number and street)

(city)

(state)

(zip)

Telephone _____

E-mail _____

Sex (circle one) F M

Date of Birth _____

Birthplace _____

Soc Sec No _____

Please list the names and addresses of all secondary schools and colleges that you have attended and the dates you attended:

What are you planning to study at LaGuardia next year?

Have you applied to other summer programs? If so, please identify them.

OPTIONAL QUESTIONS:

Marital Status _____ First Language _____

How would you describe yourself? Please circle one.

Asian Black Caucasian Hispanic Other _____

Family Information

| | Father | Mother |
|---------------------------------------|--------|--------|
| Name | _____ | _____ |
| Address | _____ | _____ |
| | _____ | _____ |
| Employer | _____ | _____ |
| Business | _____ | _____ |
| Position | _____ | _____ |
| Colleges attended, graduation year | _____ | _____ |
| | _____ | _____ |

List any brothers and sisters, their ages, schools or colleges attended, and whether or not they graduated.

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.

INTERCOLLEGIATE PARTNERSHIP

Summer Science Program at Barnard College

Recommendation for LaGuardia Community College Students

_____ has applied to Barnard College's summer science program for LaGuardia Community College students. Please define the capacity in which you know this student and describe his or her academic strengths and weaknesses. Please comment on the student's academic capacity, motivation, reliability, and potential for intellectual and social growth. Please use the reverse side of this form if necessary.

Please return this recommendation to Dr. Burl Yearwood, Room M-204, by April 8th 2016.