

Student Application

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Date: _____

Name: _____
Last First Mi

Your School Information

School: _____ Class of: _____

Small Learning Community (applies to TCHS students): _____

Guidance Counselor: _____

I receive FREE REDUCED or NO lunch tickets

Your demographic information (We need this info for grant proposals. Thank you)

Date of birth: ____ / ____ / _____ Gender: Male Female

Select all that apply: Hispanic or Latino
American Indian/Alaska Native Asian White
Black/African American Native Hawaiian/Pacific Islander

Your contact information

Home Address: _____
Street Apt.#

_____ City State Zip

Home Phone: _____ Alternate Phone: _____

Cell Phone: _____ Email Address: _____

Student Application

Will you be the first in your family to get a college degree? Yes No

If no, who has a degree? _____

Our Program

How did you hear about the mentor program? _____

Your Interests/Goals

If money's no object, what's your life dream? _____

What are your hobbies or extra-curricular activities?

(Check appropriate box(es) and list specific activities)

- | | |
|--|--|
| <input type="checkbox"/> Sports: _____ | <input type="checkbox"/> Technology: _____ |
| <input type="checkbox"/> Music: _____ | <input type="checkbox"/> Art: _____ |
| <input type="checkbox"/> Other: _____ | |

Which Associations do you belong to?

- | | |
|---|---|
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Interact |
| <input type="checkbox"/> Environmental Club | <input type="checkbox"/> Other (explain): _____ |

Are you on Facebook? Yes No

Do you have a strong interest in a particular scientific field or in an engineering or environmental issue? Please explain. _____

Your Testing

Indicate which tests you have taken and provide the total scores for each: None Taken or

- | | | |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> PSAT: _____ | <input type="checkbox"/> SAT _____ | <input type="checkbox"/> ACT _____ |
|--------------------------------------|------------------------------------|------------------------------------|

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Emergency Contact Information

Please provide at least 1 emergency contact below:

Emergency Contact Name	Contact's Phone Number (s)	Relationship to Student

Student's Name: _____

Parental Permission

To be completed by Parent or Guardian:

I understand that by signing below I am permitting my child to meet with his/her mentor for two plus hours a week until the ScienceMentors Fair at the beginning of May.

Parent/Guardian Signature: _____ **Date of signature:** ___/___/___

Please Print Name of Signer: _____

Relationship of Signer to Student: _____

Please contact Maureen J. Quinn with any questions or concerns: sciencementorsnj@gmail.com