



## Student Application Form for First Year Participant

May 26 – July 9, 2026

Your complete application **MUST** include **ALL** of the following items:

- (1) \_\_\_\_\_ The Student Application Form
- (2) \_\_\_\_\_ A 75-125 word essay explaining why you desire to participate in LaPREP
- (3) \_\_\_\_\_ Teacher Nomination Form (to be filled out, signed by your math teacher, and faxed/mailed separately)
- (4) \_\_\_\_\_ Copy of your report card from the first and second nine weeks
- (5) \_\_\_\_\_ Copy of your most recent LEAP or iLEAP scores

All items should be postmarked by March 6, 2026. Mail to:

LaPREP  
LSU-Shreveport  
One University Place  
Shreveport, LA 71115

Accepted applicants will be notified by mail by April 10, 2026. Please note that all absences must be approved by the Program Director, and under no circumstances will more than three absences be permitted. Failure to abide by LaPREP's rules and regulations may result in a student being removed from the program.

Please answer each item below or write n/a if non-applicable. Please print.

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Last Name	First Name	Middle Name
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Street Address	City/State	Zip Code
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Home Phone	Birthdate	Sex	Social Security Number
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Current school grade (Circle one)    6th    7th    (Students in grades above 7th or below 6th are not eligible.)

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School Name	Address	City/State	Zip Code
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Principal's Name	School Phone
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Did you graduate from GetSet? \_\_\_\_\_

T-shirt size (adult sizes only)     Small     Medium     Large     Extra large

**RACE OR ETHNIC GROUP:** Native American African American Caucasian American Asian American Spanish Surnamed American Other \_\_\_\_\_**Major academic areas of interest:**

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**Other hobbies and strong interests:**

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**Describe briefly your participation in math or science activities, both in and out of school (include clubs, fairs, rallies, offices held, etc.):**

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**Honors won (both in and out of school):**

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**Number of brothers and sisters living at home** \_\_\_\_\_

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**How did you learn about LaPREP?** Brochure Teacher Newspaper GetSet Other

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**Do you have a family member or close friend who has participated in LaPREP?** Family member     Close friend

Name \_\_\_\_\_

**PARENT'S CONSENT:** As the parent/guardian, I certify that my son/daughter/ward has my permission to participate in this project. It is my understanding that he/she will be subject to the regulations of LSUS and the program which he/she will attend. I understand that if a health emergency arises, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

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