

Student Application Form for First Year Participant May 28 – July 11, 2024

Your complete application MUST include ALL of the following items:

(1) The Student Applica	ation Form				
(2) A 75-125 word essa	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)				
(3) Teacher Nomination					
(4) Copy of your report					
(5) Copy of your most recent LEAP or iLEAP scores					
All items should be postmarked b	y March 8, 2024. Mail	to:			
	LaPi	REP			
	LSU-Shre	eveport			
	One Univer	sity Place			
	Shreveport	, LA 71115			
Accepted applicants will be notific by the Program Director, and und abide by LaPREP's rules and regul Please answer each item below or	er no circumstances w ations may result in a s	ill more than three student being rem	e absences be oved from the	permitted. Failure to	
Last Name	First Name		Middle N	lame	
Street Address		City/State		Zip Code	
Home Phone	Birthdate	Sex	Social Se	curity Number	
Current school grade (Circle one)	6th 7th (Student	s in grades above	7th or below 6	oth are not eligible.)	
School Name	Address	Cit	y/State	Zip Code	
Principal's Name		School Phone			
Did you graduate from GetSet?					
Dia you gradate iroin detset	If so, which locat	ion did you attend	d?		

RACE OR ETHNIC GROUP:		
Native American	African American	Caucasian American
Asian American	Spanish Surnamed American	Other
Major academic areas of interest:		
Other hobbies and strong interests:		
Describe briefly your participation in rallies, offices held, etc.):	math or science activities, both in a	nd out of school (include clubs, fairs,
Honors won (both in and out of school	ol):	
Number of brothers and sisters living	; at home	
Father's Name	Occupation	Highest Degree or Grade
Mother's Name	Occupation	Highest Degree or Grade
How did you learn about LaPREP?	BrochureTeacl	
Do you have a family member or clos		REP?Name
PARENT'S CONSENT: As the parent/g participate in this project. It is my un the program which he/she will attend that if I cannot be reached by telephopersonal is authorized.	nderstanding that he/she will be sub d. I understand that if a health eme	ject to the regulations of LSUS and rgency arises, I will be notified, but
Signature of Parent or Guardian	Date	
Signature of Applicant	Date	