**INFORMATION SHEET**

(Please print or type)

**RETURN THIS FORM WITHIN 10 DAYS TO:**

Academic Achievement Programs

University of Maryland

2204 Marie Mount Hall

College Park, MD 20742

**I. General Student Information**

NAME:

 Last First Middle Initial

 Are you a U.S. Citizen?  Yes  No

 If no, are you a Permanent Resident?  Yes  No (Permanent Residents must submit a copy of Permanent Resident Card.)

HOME ADDRESS:

 Street Apt. #

 City State Zip

HOME PHONE: ( ) CELL PHONE: ( )

EMAIL: (Please print neatly!)

**II. Academic Background**

High School: City, State:

Graduation Date: / What is your expected college major?

 M Y

**III. Family Information**

(Please check one) ( ) Father ( ) Mother ( ) Guardian ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Occupation/Job Title:

Work Phone: ( )

Cell Phone: ( )

Email:

 (Please check one) ( ) Father ( ) Mother ( ) Guardian ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Occupation /Job Title:

Work Phone: ( )

Cell Phone: ( )

Email: