

Student Training for Academic Reinforcement in the Sciences (STARS)



RETURNING STARS STUDENTS, application must be fully completed and submitted no later than March 31st. As part of our application, we ask for several types of contact information.

Please complete all areas on both sides. Incomplete applications will not be considered.

Date: _____

Part I – GENERAL INFORMATION

Name: (Last, First, MI) _____ Social Security Number _____

Date of Birth _____ Age _____ Race _____ Gender: Male Female

PERMANENT ADDRESS

Street or P.O. Box # _____ City _____ State _____ Zip Code _____

CONTACT NUMBERS

Home Telephone _____ Cell _____ E-mail _____

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Occupation _____ Place of Employment _____ Occupation _____ Place of Employment _____

Home/Cell Telephone _____ Work Telephone _____ Home/Cell Telephone _____ Work Telephone _____

No. of Persons living in Household _____

Guardian Name _____ Address _____

Occupation _____ Place of Employment _____ Home/Cell Telephone _____ Work Telephone _____

Please send completed application with an official transcript to:

STARS Program
USA Center for Healthy Communities, Center of Excellence
307 University Blvd.
CSAB 104
Mobile, AL 36688-0001
Telephone: (251) 470-1687
Fax: (251) 414-8009

Part II – EDUCATIONAL BACKGROUND

School currently attending: _____ Cumulative GPA: _____

Classification: _____ Major Interests: _____ Favorite Course(s) _____

List any honors or awards you have received:

List of organizations and extracurricular activities in which you are involved:

List any job held or holding:

Part III - PERSONAL STATEMENT: (Write answers to the questions below using at least 100 words.)

Have your plans after High School changed? (If so explain) Why should you be readmitted to this program?