

Paine College MSEIP

SUMMER 2020 APPLICATION FORM

*PLEASE PRINT LEGIBLY USING BLACK OR BLUE INK.

Personal Information:

Name: _____

Gender: ___ Male ___ Female Please provide date of birth: _____

Student Current Address: _____

Current Phone number/Cell Phone number: _____ E-mail address: _____

Year of Graduation: _____ High School graduation GPA: _____

High School Attended: _____

County: _____ State: _____

Have you applied to College/ plan to attend College? ___ Yes ___ No

STEM interest area of study: _____

Parent/Guardian Information:

Name: _____

Address: _____ Home Phone number: _____

_____ Mobile Phone number: _____

_____ Email address: _____

Student signature

Date

Parent signature

***Students please include a typed paragraph on the reasons you are interested in STEM career, and for applying to the program**

Please return application to:

Dr. Anna-Gay Nelson or Dr. Srinivas Sonne
Department of Mathematics, Sciences and Technology
Paine College
1235 15th Street
Augusta, GA 30901

*** Applications may also be returned via email to pcmseip@paine.edu**