



AASD-STEM APPLICATION FORM

Name (First, Middle, Last) _____

Local Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone () _____ Voice ____ TDD ____

Sex: Female ____ Male ____ Date of Birth: Month ____ Day ____ Year ____

U.S. Citizen: Yes ____ No ____

If no, are you a U.S. Permanent Resident? Yes ____ No ____

Year: Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate ____

Major _____ Current Cumulative GPA _____

Date of Degree Completion: Month ____ Year ____

Transfer Student: Yes ____ No ____ Veteran: Yes ____ No ____

Ethnicity (choose one response, optional): Hispanic or Latino ____ Not Hispanic or Latino ____

Race (select one or more, optional)

____ American Indian or Alaska Native ____ Asian ____ White
____ Black or African American ____ Native Hawaiian or Other Pacific Islander

Condition:

____ Speech ____ Hearing ____ ADD/ADHD ____ Autism/Aspergers
____ Visual ____ Orthopedic ____ Other - Specify _____

Name of Parent/Guardian: _____

Permanent mailing address (if different from above): _____

City _____ State _____ Zip _____

Telephone () _____ Voice ____ TDD ____

Applicant: I hereby acknowledge that all information on and with this application is true and accurate, and that I have read and understand my responsibilities as a stipend recipient.

Signature: _____ Date _____