



PRE-COLLEGE PROGRAMS



SUMMER BRIDGE PROGRAM APPLICATION 2009

June 21st, 2009 – July 31st, 2009 (Sunday evenings –Friday evenings)

Students will not be permitted to stay on campus during the weekends

Cost: \$4,500

Application Deadline: May 1st, 2009 for best consideration – admission is based on a first-come, first-served basis.

STUDENT INFORMATION

Student's Last Name _____ First Name _____ M.I. _____

Sex _____ Date of Birth _____ Age _____ Social Security Number _____

Place of Birth _____ Citizenship _____ Visa Type & Number (For non U.S. citizens) _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Email Address (required – please print) _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

ETHNIC BACKGROUND: (OPTIONAL)

- _____ Black (Other than Hispanic)
- _____ White (Other than Hispanic)
- _____ Asian/Pacific Islander
- _____ American Indian/Alaskan Native
- _____ Hispanic
- _____ Other _____

Name of High School _____ City, State _____

Cumulative GPA _____ Grade _____ Graduation Date (Expected) _____

PARENT INFORMATION

Name of Mother/Father/Guardian _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Email Address (required – please print) _____

Business Name _____ Phone _____

Business Address _____

I certify that the information on this application is complete and correct, if it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies and regulations of the University of Maryland. By signing this document I agree to pay the \$55 application fee regardless of my decision to attend.

SIGNATURE OF APPLICANT

SIGNATURE OF LEGAL GUARDIAN

PAYMENT INFORMATION

Cost: \$4,500

PAYMENT FOR THE \$55 NON-REFUNDABLE APPLICATION-PROCESSING FEE MUST ACCOMPANY THE APPLICATION. PLEASE ATTACH A CHECK OR MONEY ORDER MADE PAYABLE TO THE UNIVERSITY OF MARYLAND.

IF YOU WISH TO USE YOUR CREDIT CARD, CHECK ONE AND PROVIDE INFORMATION REQUESTED BELOW: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

CUSTOMER ACCOUNT NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

CARDHOLDER'S SIGNATURE _____

TOTAL AMOUNT TO BE CHARGED _____ \$ _____

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RETURN TO:
Pre-College Programs
Attn: LIFT 2009
1107 West Education Annex, College Park, MD 20742
Fax: 301-314-9155

PLEASE CHECK TO SEE IF YOU HAVE COMPLETED ALL SECTIONS OF THE APPLICATION AND HAVE INCLUDED THE FOLLOWING:

For additional information, contact: www.precollege.umd.edu/lift@umd.edu/301-405-6785

1. Three recommendations (two from school personnel).
2. A type written essay stating interest in the program.
3. High school transcript.
4. Application fee.

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FOR OFFICE USE ONLY

APPLICATION CHECKLIST

_____	Date received
_____ Three recommendations	Date Approved
_____ Essay	Waiting List
_____ High school transcript	Eligibility
_____ Application Fee	Date Admitted to Program
_____ Date Admitted to Program	



The University of Maryland's Pre-College Programs adheres to the policy of equal educational opportunity and will not discriminate against any applicant because of race, color, national origin, sex, handicap or age.

Please share your thoughts about this applicant as a student. What are his/her strengths and challenges? Please be as specific as possible.

Describe the applicant's behavior and attendance.

Describe the applicant's interactions with his/her peers.

Comment on how well the applicant responds to authority figures.

Signature: _____

Title

Date

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