Summer Transition Enrichment Program (S.T.E.P.) Application

Program Start/End Dates: June 17th - July 26th 2019

Please print legibly or type all sections of the application.

Name: _____ _____
First Last

Mailing Address: _____

City:_____State:_____Zip: _____

Cell Number: _____ Email Address: _____

Emergency Contact: _____ _____ _____
Name Number Relationship

HIGH SCHOOL INFORMATION

Name of High School:_____Counselor's Name: _____

GPA:_____ Graduation Date: _____

Checklist

- ☐ Submit S.T.E.P. Application
- ☐ Complete the Admission Process
- ☐ Complete 2018-2019 FAFSA (school code 003638)
- ☐ Submit Official High School Transcript
- ☐ Submit Proof of Meningitis Vaccine
- ☐ Register for S.T.E.P. Orientation (903-593-8311, Ext. 2221)

I certify that the information provided is complete and correct to the best of my knowledge.

Print Name_____ Sign Name _____

Date_____