

# UNIVERSITY SUCCESS ACADEMY



## APPLICATION-USA SUMMER BRIDGE 2009 Priority Deadline is March 1, 2009

Instructions: Please print in ink or type. Answer all questions on the form or indicate "NA" if not applicable. All information will be kept confidential and used only in determining your eligibility and admission to the program.

### PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_ Email address: \_\_\_\_\_  
P.O. Box/Street City Zip

Home Phone Number: \_\_\_\_\_ Cell or Alternate Number(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender:  Male  Female

### EDUCATION

High School Attending: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**\*\*\*Please attach your high school transcript to this application.\*\*\***

Name of College(s) Considering Attending this Fall: \_\_\_\_\_ Have you applied for admission?  No  Yes

### FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Last First Middle Last First Middle

Have any of your parents earned a four-year college degree?  No  Yes If yes, you are not eligible for this program.

Signature of at least 1 parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT STATEMENT & TERM REQUEST

Attach a statement addressing the following: **What dream do you have for your life, and how does getting a college degree fit within that dream?**

**Check Preference:** 1<sup>st</sup> Summer Term (June 1-July 2) \_\_\_\_\_ 2<sup>nd</sup> Summer Term (July 6-August 6) \_\_\_\_\_

\*The University will try to honor preference; however, this is not always possible.

### STUDENT PERMISSION TO RELEASE CONFIDENTIAL RECORDS

I certify this information is complete and correct to the best of my knowledge. I understand that it may be necessary for the staff to obtain records and information from my school, colleges or universities where I have academic credit and/or share information with other West Texas A&M University departments in order to verify my current academic and financial status. I give permission for such records to be obtained.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

You may return by fax (806) 651-2932 or mail:  
WTAMU – University Success Academy (USA)  
WT Box 60727  
Canyon, TX 79016-0001

For more information:  
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806-651-2931