

**INTERCOLLEGIATE PARTNERSHIP**

**Summer Science Program at Barnard College  
Application for LaGuardia Community College Students**

**Please return completed applications to  
Dr. Burl Yearwood, Room M-214, by 16 April 2010.**

Name

\_\_\_\_\_

(last)

(first)

(middle)

Address

\_\_\_\_\_

(number and street)

\_\_\_\_\_

(city)

(state)

(zip)

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Sex (circle one)      F      M

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Soc Sec No \_\_\_\_\_

Please list the names and addresses of all secondary schools and colleges that you have attended and the dates you attended:

\_\_\_\_\_

\_\_\_\_\_

What are you planning to study at LaGuardia next year?

\_\_\_\_\_

Have you applied to other summer programs? If so, please identify them.

\_\_\_\_\_

OPTIONAL QUESTIONS:

Marital Status \_\_\_\_\_ First Language \_\_\_\_\_

How would you describe yourself? Please circle one.

Asian      Black      Caucasian      Hispanic      Other \_\_\_\_\_

Family Information

	Father	Mother
Name	_____	_____
Address	_____	_____
	_____	_____
Employer	_____	_____
Business	_____	_____
Position	_____	_____
Colleges attended, graduation year	_____	_____
	_____	_____

List any brothers and sisters, their ages, schools or colleges attended, and whether or not they graduated.

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TRANSCRIPTS: Please submit transcripts of *all* college work with your application.

ESSAY: Please submit a two page essay in which you describe your educational and career goals, how your course of study at LaGuardia Community College is helping you meet those goals, and how participating in the Intercollegiate Partnership's summer program will further those goals.

## **INTERCOLLEGIATE PARTNERSHIP**

### **Summer Science Program at Barnard College**

#### **Recommendation for LaGuardia Community College Students**

\_\_\_\_\_ has applied to Barnard College's summer science program for LaGuardia Community College students. Please define the capacity in which you know this student and describe his or her academic strengths and weaknesses. Please comment on the student's academic capacity, motivation, reliability, and potential for intellectual and social growth. Please use the reverse side of this form if necessary.

**Please return this recommendation to Dr. Burl Yearwood, Room M-214, by 16 April 2010**