LIONS Program

Learning Institute and Opportunities for New Students

PROGRAM APPLICATION

July 8 August 9, 2024

| | | | |] | Male or Female |
|---|-------------------------|-------------------|---------------------------|--------------|---|
| Last Name | e First Name | | Date of Birth xx-xx-xxxx | | Circle one |
| Street Address and/or Ma | ailing Address | City | State | Zip | County |
| I (C II (CCCN) | | | | S M L XL | 2XL 3XL 4XL |
| Last four digits of SSN | Email Address | | Circle one | | |
| Permanent/Home Phone Number | | | Student Cell Phone Number | | |
| Parent/Guardian Name | Parent/Guar | rdian Email Add | ress Parent/G | buardian Cel | l Phone Number |
| P | | Ci | ty Sta | ate | Zip |
| Name of High School At | | _ | chool GPA | | Month/Year |
| ACT Composite Engli | ish Math Reading | | | | riting Math |
| Other Colleges/Universit | ies Attended (must alse | o include college | e transcript for | concurrent o | or dual credits) |
| | | Com | pleted College | Hours | GPA |
| Intended Major at UAPB | (<u>Mandatory</u>) | | Are | you a U.S. (| Citizen? Yes No |
| Did your parents (one or | both) graduate from co | ollege? Yes | 1 | No | Circle on |
| Student Signature | | | Date | | |
| Parent/Guardian Signatus | | | Date | | |
| Participants must submit a received by May 31, 2024. participants are required to | | | | | on fee of \$500 must l summer II. Progra |

LIONS Program, University of Arkansas at Pine Bluff