



AAP-STP INFORMATION SHEET

SAVE, COMPLETE AND SUBMIT THIS FORM USING THE AAP-STP SUBMISSION PORTAL

I. General Student Information

NAME: Last First Middle Initial

Are you a U.S. Citizen? Yes No

If no, are you a Permanent Resident? Yes No

*Permanent Residents must submit a copy of Permanent Resident Card.

HOME ADDRESS: Street Apt. #

City State Zip

HOME PHONE: () CELL PHONE: ()

EMAIL:

II. Academic Background

High School: City, State:

Graduation Date: / / What is your expected college major?

III. Family Information

(Please check one) Father Mother Guardian Other

Last Name First Name

Occupation/Job Title:

Work Phone: ()

Cell Phone: ()

Email:

(Please check one) Father Mother Guardian Other

Last Name First Name

Occupation /Job Title:

Work Phone: ()

Cell Phone: ()

Email: