



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 not, are you a Permanent Resident? Yes No

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

HOME ADDRESS: Street Apt. #
City State Zip

CELL PHONE: HOME PHONE:

Would you like to receive AAP-STP student messages via text? Yes/Opt-In No

EMAIL:

II. Academic Background

High School: City, State:

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

III. Family Information

(Please check one) Father Mother Guardian Other

Last Name First Name

Occupation/Job Title:

Cell Phone: Work Phone:

Email:

(Please check one) Father Mother Guardian Other

Last Name First Name

Occupation /Job Title:

Cell Phone: Work Phone:

Email: