



**Student Application Form for First Year Participant  
May 27 – July 10, 2025**

Your complete application **MUST** include **ALL** of the following items:

- (1) \_\_\_\_\_ The Student Application Form
- (2) \_\_\_\_\_ A 75-125 word essay explaining why you desire to participate in LaPREP
- (3) \_\_\_\_\_ Teacher Nomination Form (to be filled out, signed by your math teacher, and faxed/mailed separately)
- (4) \_\_\_\_\_ Copy of your report card from the first and second nine weeks
- (5) \_\_\_\_\_ Copy of your most recent LEAP or iLEAP scores

All items should be postmarked by March 7, 2025. Mail to:

**LaPREP  
LSU-Shreveport  
One University Place  
Shreveport, LA 71115**

Accepted applicants will be notified by mail by April 11, 2025. Please note that all absences must be approved by the Program Director, and under no circumstances will more than three absences be permitted. Failure to abide by LaPREP's rules and regulations may result in a student being removed from the program.

Please answer each item below or write n/a if non-applicable. Please print.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current school grade (Circle one) 6th 7th (Students in grades above 7th or below 6th are not eligible.)

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School Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Principal's Name \_\_\_\_\_ School Phone \_\_\_\_\_

Did you graduate from GetSet? \_\_\_\_\_ If so, which location did you attend? \_\_\_\_\_

T-shirt size (adult sizes only) \_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_Extra large

**RACE OR ETHNIC GROUP:**

Native American                       African American                       Caucasian American  
 Asian American                       Spanish Surnamed American                       Other \_\_\_\_\_

**Major academic areas of interest:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other hobbies and strong interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe briefly your participation in math or science activities, both in and out of school (include clubs, fairs, rallies, offices held, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors won (both in and out of school):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of brothers and sisters living at home** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Highest Degree or Grade** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Highest Degree or Grade** \_\_\_\_\_

**How did you learn about LaPREP?**     Brochure                       Teacher                       Newspaper  
    GetSet                       Other \_\_\_\_\_

**Do you have a family member or close friend who has participated in LaPREP?** \_\_\_\_\_  
 Family member     Close friend                      **Name** \_\_\_\_\_

**PARENT'S CONSENT:** As the parent/guardian, I certify that my son/daughter/ward has my permission to participate in this project. It is my understanding that he/she will be subject to the regulations of LSUS and the program which he/she will attend. I understand that if a health emergency arises, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personal is authorized.

\_\_\_\_\_  
**Signature of Parent or Guardian**                      **Date**

\_\_\_\_\_  
**Signature of Applicant**                      **Date**