



PUMP- HIGH SCHOOL PROGRAM
APPLICATION FORM

Name _____

Address _____

City/Zip _____

Telephone Number (____) _____ Email _____

Birth date ____ / ____ / ____

Gender: M ____ F ____

Current High School Attending _____

References:

High School Counselor _____ Phone _____

High School Teacher _____ Phone _____

Please note: You must be a US citizen or permanent resident in order to receive the stipend.

Student Signature _____ *Date* _____

**Mail this form with unofficial high school transcripts to:
Department of Mathematics, ATTN: PUMP-High School Program,
CSUN, Northridge, CA 91330-8313.**

Deadline to submit: June 20