



District 79 College Bridge Program

Student Application SY11-12

Contact Information

Name: _____ Date of Birth: ____/____/____
First Name Last Name Month/ Date/ Year

Home Phone: _____ Email: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Demographics

Gender (please circle one): Female Male

Ethnicity (OPTIONAL): American Indian or Alaskan Native Black or African American White Hispanic/Latino
 Asian or Native Hawaiian/Other Pacific Islander Multiracial

Parent/ Guardian Contact: Name _____
First Name Last Name

Parent/Guardian Home Phone: _____ Work/Cell: _____

Parent/Guardian Email: _____ Lives with Parent/ Guardian: YES NO

Academic Record: Please respond to the following questions and attach to this application a copy of your high school/GED diploma. (Please note that we accept copies of international diplomas if you completed high school in another country.)

1. Where did you earn your high school/GED diploma?
 - School/program name: _____
 - School/program location (borough, city, state, country): _____
2. Date that you received your diploma (month/year): _____
3. How did you learn about College Bridge (please check all that apply)?
 - From my counselor (counselor name: _____)
 - From a teacher (teacher name: _____)
 - From a current or former College Bridge student (student name: _____)
 - Other (please specify: _____)

Please return this application and your attached high school/GED diploma to Ms. Lauren Delance, 269 W. 35th St., Room 1005, New York, NY 10018. You may also scan the application and attachments and email them to ldelance@schools.nyc.gov.