

# TOPS Application

**Towson Opportunities in STEM [Science, Technology, Engineering and Mathematics]**

Mail to: TOPS, Towson University, 8000 York Road, Towson, MD 21252

Congratulations on having decided to apply to TOPS at Towson University! TOPS is a program committed to celebrating diverse experiences and perspectives. We are designed to help ensure students' success in STEM majors. As members of the TOPS community, students are expected to participate in TOPS events [seminars, tutoring, mentoring, field trips, social events, etc.]. In addition, students enjoy access to a study area and computer lab available only to select STEM students.

**PLEASE NOTE:** *The information on this form is not available for public inspection and will not be shared with anyone outside the office with the exception of Towson University's Office of Financial Aid. In order to benefit from TOPS, you will be required to sign, complete, and submit this form to the TOPS Office.*

<b>PERSONAL INFORMATION</b>		TU Student ID:		E-mail address (one you check often):	
Last Name:		First Name:		M.I.	Date of birth:
Where will you reside during the coming academic year? <input type="checkbox"/> with parents/relatives <input type="checkbox"/> on campus <input type="checkbox"/> off campus		Permanent Address		Campus/local address (if applicable)	
		Phone #		Local/cell phone #	
Are you a U.S. citizen? <input type="checkbox"/> Or permanent resident <input type="checkbox"/>		Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> domestic partnership			
Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> non-Hispanic/Latino		Race [check all that apply]* <input type="checkbox"/> African American/black <input type="checkbox"/> Asian American/Asian <input type="checkbox"/> Caucasian/white <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		Physical Disability Status* <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mobility/orthopedic Impairment <input type="checkbox"/> Other <input type="checkbox"/> None	
Did either of your parents graduate from College? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what institution? Mother: _____ Father: _____		Do you reside in a single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## ACADEMIC PLAN OF STUDY INFORMATION

What career path [type of job] do you see yourself following when you graduate?

<p><b>Incoming First Year Only*</b></p> <input type="checkbox"/> Incoming First Year with no Advanced Placement credits <input type="checkbox"/> Incoming First Year with ____ Advanced Placement credits	<p><b>Transfer Students Only*</b></p> <input type="checkbox"/> New transfer student (number of credits transferred____)
High School: _____	College/University: _____
City/Town: _____ State: _____	Major: _____
High School G.P.A.: _____ Intended Major at TU: _____	Degree completed (if applicable): _____
Highest Math Completed _____	G.P.A.: _____ Intended Major at TU: _____
Anticipated Enrollment Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Anticipated Enrollment Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
<b>504 or IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>504 or IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**For Administrative use only:** Date Received \_\_\_\_\_ ME \_\_\_\_\_ FA \_\_\_\_\_

<b>Continuing Students Only*</b>		Enrollment Status:
<input type="checkbox"/> Continuing student	Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Major: _____	Minor/Concentration (if applicable): _____	Expected graduation date: _____
<b>504 or IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Interest in mentoring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interest in tutoring? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what subject(s)? _____		
<b>All Students</b>		
Do you plan to work during the academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to work: <input type="checkbox"/> on campus <input type="checkbox"/> off campus
Do you already have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours a week: _____
Do you have interest or experience in collaborative learning and community service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please elaborate with specific examples [either here or on the following page]:		
Are there factors in your social or academic background that could interfere with your educational goals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please elaborate with specific examples [either here or on the following page]:		
Are you overcoming personal, social, and/or physical obstacles in order to pursue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please elaborate with specific examples [either here or on the following page]:		
<b>Additional Information:</b>		
1. Did you receive free or reduced lunch in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Did you file a 2011-2012 FAFSA financial aid application form <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please complete as soon as possible [ <a href="http://www.fafsa.ed.gov">http://www.fafsa.ed.gov</a> - TU application code 002099] or visit the TU Office of Financial Aid (410-704-6242)		
<i>NOTE:</i> Towson University requests FAFSA forms be filed by January 31 for support the following year.		
3. What forms of financial aid (grants, scholarships, loans,) do you expect to receive in the coming academic year?		
<i>I certify that the information I have submitted on this application is accurate, true and complete.</i>		
Applicant Signature: _____		Date: _____
Mail to: TOPS, Towson University, 8000 York Road, Towson, MD 21252		

Name:

Any additional Information you wish to share.

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