

**NATIONAL SCIENCE FOUNDATION
LOUIS STOKES ALLIANCES FOR MINORITY PARTICIPATION
CENTRAL FLORIDA STEM ALLIANCE
BRIDGES TO THE BACCALAUREATE ENROLLMENT FORM**

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (MM/DD/YYYY) _____ Gender: Male Female

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Polk State College Email: _____

Polk State ID#: _____ Disability Status: Yes No Do not wish to disclose

Ethnicity: Hispanic Black/African American White Asian
 Pacific Islander Native American Other (specify): _____

EDUCATION HISTORY AND PLANS

Current Enrollment Status: Full Time (12 or more credit hours) 3/4 Time (9-11 credit hours)
 1/2 Time (6-8 credit hours) less than 1/2 Time (1-5 credit hours)

Year: Freshman Sophomore GPA: _____

Educational Goal: Associate Degree Bachelor Degree Master Degree Doctorate

Discipline (Choose the one that most closely matches your intended academic major and /career interest):

Agricultural Science	Biology	Chemistry	Computer Science & Information Sciences
Engineering	Bio Medical Engineering	Environmental Science	Geo Sciences (Geological and Earth Science)
Life/ Biological Sciences	Mathematics	Physics/Astronomy	Natural Resources and Conservation

On what campus do you plan to take most of your classes? Winter Haven Lakeland

Do you plan to transfer to another institution? Yes No

If yes, Transfer Institution: _____

BRIDGES TO THE BACCALAUREATE ENROLLMENT FORM (B2B)

In which B2B activities do you plan to participate?

Academic/Career Networking	Math Enrichment	Transfer Advising	Student Success Strategies
Sophomore Research Experience	STEM Internship	STEM Faculty Mentorship	STEM Seminars
Tutoring	STEM Conferences	STEM Workshop	STEM Career Exploration
STEM Career Advising	Scholarship Identification	Educational Plan Creation	Supplemental Learning in Math
Supplemental Learning in Science			

PROGRAM PROMOTION

How did you learn about Polk States LSAMP Bridges to the Baccalaureate Program?

Academic Advisor

Public Announcement/Flyer/Event/Brochure

Student

Polk State College Faculty

Polk State College Website

Other (specify):

STUDENT AGREEMENT, CONSENT, AND SIGNATURE

I have read this form, and to the best of my knowledge, the information I have provided is true and correct. I agree to enroll and participate as a student in Central Florida STEM Alliance for the National Science Foundation's Louis Stokes Alliances for Minority Participation (LSAMP) Bridges to Baccalaureate (B2B) Program at Polk State College. This participation agreement shall remain in effect for the period specified below.

In accordance with Polk State College policies and procedures, as well as state and federal guidelines and law (including the Family Education Rights and Privacy Act and Florida Statutes Section 1002.225), I freely volunteer consent to Polk State College's disclosure and release to the National Science Foundation of any and all my educational records for the purposes of the B2B Program. This consent shall remain in effect for the specified period below.

I understand that the information disclosed and released to the National Science Foundation is required under the terms of the grant award. This information will be used to evaluate the progress of and outcomes for individual program participants, as well as to assess implementation effectiveness and overall program impact and success. I also understand that B2B Program staff may discuss my academic and personal needs with other College staff as needed to assist me in my educational goals and progress for the purposes of the LASAP (B2B) Program.

Duration of Agreement and Consent Shall Be Valid

From: _____

To: _____

Signature of Applicant

Date

Signature of Parent (If student is a minor)

Date

Please return this completed form to: John Fynn, STEM Program Specialist via email jfynn@polk.edu or in person at WSC 228, Winter Haven Campus.