Preliminary Student Application

Student Name:			
Student Address:			
Student Phone Number:			
Student E-Mail Address:			
Company Name:			
Company Address:	(street)	(city)	(zip)
Sponsor:	(person respo	nsible for your supervis	ion)
Company's Telephone Num	nber:		
(if different from ab Sponsor's E-Mail Address: Give a general description o of company.			
• Indicate the hours y	ou will be at the	Senior Project each day	7. (30 per week)
From: To: _			
• Indicate school obli	gations during S	enior Project time:	
Activity:		Activity:	
AP classes:			