 **STEM Application**

Please read Application Instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance into the STEM program.

Please complete each section in the space provided.

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| **Personal Information** |   |
|   |   |
| **Last Name:** | **(Required)** |
| **Suffix:** |  |
| **First Name:** | **(Required)** |
| **Middle Name:** |  |
| **Birth Date:**(DD-MON-YYYY, e.g. 02-FEB-1988) | https://candidateinformation.usna.edu/ows-img/cal.gif**(Required)** |
| **Citizenship:** | **(Required)** |
| **If you are not a U.S. Citizen, please describe your current status in the naturalizationprocess (years with green card, etc.):**(Limited to 500 Characters) |  |
| **Gender:** | **(Required)** |
| **Height:**(Inches, e.g. 5 feet 6 inches would be entered as 66) | **(Required)** |
| **Weight:**(Pounds) | **(Required)** |
|  |  |

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| **Race: (Required)** |  |  |
| (Check All that Apply) |  |  |
|  | **American Indian/Alaska Native:** |  |
|  | **Asian:** |  |
|  | **Black or African American:** |  |
|  | **Native Hawaiian or Other Pacific Islander:** |  |
|  | **White:** |  |
|  | **Declined to Respond:** |  |

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| **Ethnicity:** | **(Required)** |
| **Current Mailing Address:** | **(Required)** |
|  |  |
|  |  |
| **City:** | **(Required, All Except APO/FPO)** |
| **APO/FPO:** | **(Required, Military Post Offices Only)** |
| **State:** | **(Required, State & U.S. Territories Only)** |
| **Country:** | **(Required, International Only)** |
| **Zip Code:** | **(Required, All Except International)** |
| **Zip Code Extension:** |  |
| **Postal Code:** | **(International Only)** |
| **Email Address:** | **(Required)** |
| **Area Code & Home Phone Number:** | **(Required, Unless Area Code & Cell Phone Number is Entered)** |
| **Area Code & Cell Phone Number:** | **(Required, Unless Area Code & Home Phone Number is Entered)** |
| **Please indicate how you first learned about VBA STEM:** | **(Required)** |

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| **First Name of Parent or Guardian:** | **(Required)** |
| **Last Name of Parent or Guardian:** | **(Required)** |
| **Relationship Type:** | **(Required)** |
| **Area Code & Cell Phone Number:** | **(Required)** |
| **Email Address:** | **(Required)** |

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| **Education** |   |
|   |   |
| **Please enter the students age you will be entering in this next session:** | **(Required)** |
| **Expected Year of High School Graduation:**(YYYY) | **(Required)** |
| **School Name:**If you are currently in elementary school, enter your prospective junior school | Select From List **(Required)** |

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| **Activities** |   |
|   |   |
| **Athletic Participation: (Required for All)** | **Number of Sports** |
|   |   |
| **How many sports have you participated in?:** |  |
| **How many sports have you earned a trophy in?:** |  |
| **How many sports teams were you designated as a captain?:** |  |
| **How many special awards have you received?:** |  |
|   |   |
| **Non-Athletic Participation: (Required for All)** |   |
|   |   |
| **Have you ever participated in any of the following activities during the 6th,7th, 8th, grade?** |   |

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| **Boy/Girl Scouts:** |  |
| **Community Service:** |  |
| **Student Government:** |  |
| **School Club:** |  |
| **Science/Robotics Club:** |  |
| **School Newspaper:** |  |
| **Band/Orchestra:** |  |
| **National Honor Society:** |  |
| **Drama Club:** |  |
| **Church Group:** |  |
| **Part-Time Job:** |  |
| **Drill Team:** |  |
| **Debate Team:** |  |
| **Cheerleader:** |  |

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| **Did you ever hold a leadership role (officer, club president, drum major, etc.) in a non-athletic extra-curricular activity?:**  | **(Required)** |
| **Remarks or Additional Comments:**(Limited to 1000 Characters) |  |

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| **Personal Statement** |   |
|   |   |
| **Please answer the following questions briefly: Why are you interested in attending VBA STEM? Have you received any STEM-related awards or been involved with any STEM-related activities, groups, conferences?:**(Limited to 1000 Characters) | **(Required)** |

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| **Medical Conditions** |   |
|   |   |
| **Due to the nature of the activities that take place during VBA STEM, the following questions should be answered in their entirety.** |   |
|   |   |  |
| **Do you currently have any educational accommodation (i.e. IEP, 504 plan, or special classes, etc)?:** | **(Required)** |  |
| **If you selected Yes, please explain:**(Limited to 1000 Characters) |  |  |
| **Do you have any medical conditions (any history of asthma, heart conditions, color deficient vision, hearing impairments, etc.)?:** | **(Required)** |  |
| **If you selected Yes, please explain:**(Limited to 1000 Characters) |  |  |
| **Do you require the use of an inhaler during physical fitness?:** | **(Required)** |  |
| **Do you require the use of any daily medications?:** | **(Required)** |  |
| **If you selected Yes, please explain:**(Limited to 1000 Characters) |  |  |
| **Do you have any allergies (i.e. food, nuts, medication, latex, etc.)?:** | **(Required)** |  |
| **If you selected Yes, please explain:**(Limited to 1000 Characters) |  |  |
| **Please indicate desired T-Shirt Size:** | **(Required)** |  |
| **Please indicate desired Shorts Size:** | **(Required)** |  |

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| **By SUBMITTING this electronic application, I am accepting the following:** |

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| **1.** | I certify that the information submitted on this application is complete and correct to the best of my knowledge. Failure to completely and honestly provide any information requested by the VBA may be grounds for withdrawal of any offer of appointment or may subsequently result in dismissal from the VBA and its programs. |
| **2.** | If there is a change in information I have provided or has been submitted on my behalf to VBA, I will immediately inform the Admissions Office. |

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| PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the VBA. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude acceptance into the program. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: Parent or guardian of record. Release to any other individual/entity is only as permissible by law. |

Bottom of Form |

Please email application back visionbuilder@outlook.com (or) mail to**:  P.O. Box 620005**

 **Charlotte NC 28262​**