



## Striving to Achieve Excellence (STAE) Application

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

NCWISE/Pupil #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Total Absences last Year: \_\_\_\_\_

Extracurricular Involvement (In and Out of the School): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent: Please use the space below to tell us how the STAE program would benefit your child. You may attach an additional page if needed.

Student: Use the space below to tell us why you should be accepted into the STAE program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_