



**COCHISE COLLEGE**

901 North Colombo Avenue  
Sierra Vista, AZ 85635-2317



COCHISE COLLEGE  
**runningstart**  
STEM  
ACADEMY

# 2017 RUNNING START APPLICATION

## High School to Cochise College

NAME: \_\_\_\_\_  
Last, First MI (Please Print)

ADDRESS: \_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_  
City State Zip Code Phone

Cochise College ID# (C#) (If issued one) \_\_\_\_\_ E-mail \_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School Credits Earned \_\_\_\_\_ GPA \_\_\_\_\_

Career Choice(s) \_\_\_\_\_

What level of math have you taken up to this point? \_\_\_\_\_

**Please describe yourself** (statistical purposes only)

GENDER: MALE FEMALE

**PROMINENT ETHNIC ORIGIN:**

- White  Black  Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- Asian/American  Other (specify) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITIZENSHIP STATUS:  US CITIZEN  OTHER (specify) \_\_\_\_\_

Return Completed Application by: <b>May 8, 2017</b>	<b>Mail:</b> SDC - Counseling & Advising Attn: Running Start Cochise College 901 N. Colombo Ave. Sierra Vista, AZ 85635	<b>Deliver:</b> SDC - Counseling & Advising Sierra Vista Campus, Bldg 1000 901 N. Colombo Ave. Sierra Vista, AZ 85635	<b>Email:</b> running-start-info@cochise.edu <b>Phone:</b> (520) 515-5483 <b>Fax:</b> (520) 515-5360
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By signing I understand that if accepted into the Running Start Program, my child is committing to attend four class periods at his/her high school and the rest of the school day at Cochise College. I also agree that if any problems arise my child will be subject to removal from Running Start and will return to his/her regular high school.

**Please Note:** If you are submitting this form electronically simply type the appropriate names into the signature boxes below and verification will occur during the student/parent interview.

\_\_\_\_\_  
PARENT SIGNATURE DATE STUDENT SIGNATURE DATE

**Notifications for interviews with students and parents will be sent out.**