

Claiborne County Board of Supervisors  
Application  
For  
**Student Summer Work – S.T.E.M. Program**

P.O. Box 689  
510 Market Street  
Port Gibson, MS 39150  
Office Number (601) 437-5216  
Fax (601) 437-4430

This Application must be completed, in full, to be considered for this Program.

**Personal Information:**

Name of Student: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M F Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

What County Supervisory District do you live? 1 2 3 4 5

**Education:**

	<u>Name of School</u>	<u>Years attended</u>	<u>Graduation Date</u>
Middle School:	_____	_____	_____
High School:	_____	_____	_____

Where did you attend school this school Year (2024-2025)?

\_\_\_\_\_

What is your Overall GPA? \_\_\_\_\_

**Attach A Copy of your Report Card to this Application:**

What school subjects do you like most?

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What school subjects do you like least?

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What is your Career ambition?

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What is your Goal for 2025-2026?

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Are you involved in any extracurricular activities (Sports, Clubs, Church, Community Volunteer, etc.)?

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Have you been previously employed? Where?

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References:

(Teacher, Coach, Pastor, Neighbor, Etc.)

Phone #	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____

I certify that the facts provide on this application are true to the best of my knowledge I am aware that the information I have provided is subject to review/verification, and I may have to provide documents to support this application. I am aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Application's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Emergency Contact Phone Number)

