



476 Tremont Street • Boston, MA 02116 • 617-357-8548 • info@cstoboston.org

CSTO's Square Tech Program **New** Application
THIS APPLICATION MUST BE RETURNED BY JANUARY 16TH, 2017

How did you hear about our program? ☐ Flyer ☐ Website ☐ Teacher/School ☐ Friend or Family

Are you a Castle Square resident? ☐ Yes ☐ No

General Information

First Name: _____ Last Name: _____

Date of Birth _____ Age _____ Gender: ☐ Male ☐ Female ☐ Other

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Cell phone number: _____ (can you text ☐ Yes ☐ No)

Neighborhood:

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Allston/Brighton | <input type="checkbox"/> Back Bay | <input type="checkbox"/> Charlestown | <input type="checkbox"/> Chinatown |
| <input type="checkbox"/> Downtown | <input type="checkbox"/> East Boston | <input type="checkbox"/> Fenway | <input type="checkbox"/> Hyde Park |
| <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> Mattapan | <input type="checkbox"/> North Dorchester | <input type="checkbox"/> North End |
| <input type="checkbox"/> Roslindale | <input type="checkbox"/> Roxbury | <input type="checkbox"/> South Boston | <input type="checkbox"/> South Dorchester |
| <input type="checkbox"/> South End | <input type="checkbox"/> West Roxbury | <input type="checkbox"/> Other | |

RACE / ETHNICITY (Choose which group best describes your child)

- | | | |
|---|---|--|
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaskan |
| <input type="checkbox"/> African American | | <input type="checkbox"/> Other |

Primary Language Spoken at home _____ Do you speak English ☐ Yes ☐ No

School Attending _____ Current Grade _____



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Select two of the following questions and write short responses for each. Answers must be at least 200 words and legibly written or typed.

- Why are you interested in participating in our program?
- What would you change in order to improve your community, and why?
- What would you change about your school, and why?
- What is the most challenging thing about being a teenager?
- What are some three goals that you have yourself for the next semester (in school, in this program, and in life)? What steps will you take to succeed or how will you accomplish them?

SIGNATURE (To be signed by all parent/guardian and applicants)

With my signature, I certify that the information I have provided about my academic and personal history is accurate and complete. I understand that it is my responsibility to submit a completed application by the stated deadline. Failure to do so may result in my application being withdrawn without review.

APPLICANT'S SIGNATURE

DATE

PARENT'S/LEGAL GUARDIAN'S SIGNATURE
(Required for applicants under the age of 18)

DATE