

Kaplan/APACS, Inc. Test Review Policies and Procedures

- 1.** Effective immediately, all requests for registration of a CSTEP/STEP student for a Kaplan course will be made solely by CSTEP/STEP professional staff.
- 2.** A standardized statewide application form must be completed by each student requesting a Kaplan scholarship and will be submitted to their CSTEP/STEP program director. CSTEP/STEP directors will determine readiness of each student to enroll in a Kaplan course based on a rigorous application process including written essays and a personal interview.
- 3.** Once approved by their CSTEP/STEP program director to enroll in a Kaplan course, the director will submit the Statewide Kaplan/APACS Referral form to their regional Kaplan representative and confirm amount student/CSTEP or STEP pays (Unless balance is to be paid by CSTEP/STEP program)class, start date and student contact information.
- 4.** Kaplan will then enter approved student data, including discounted rate information.
- 5.** Students then contact Kaplan to complete registration and enrollment, pay balance of course cost (Unless balance is to be paid by CSTEP/STEP program).

STEP Scholarship Application

NAME: _____
Last First

DATE: _____

STUDENT #: _____
(If applicable)

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

SEX: M _____ F _____

ETHNICITY: (Check One)
AFRICAN AMERICAN/Black _____ HISPANIC/LATINO _____ NATIVE AMERICAN _____
ASIAN/PACIFIC ISLANDER _____ WHITE _____ OTHER _____ (Specify)

Grade LEVEL: _____ **GPA:** _____ **EXPECTED GRADUATION DATE:** _____

WHICH STANDARDIZED TEST ARE YOU TAKING?

SHSAT _____ PSAT _____ SAT _____ Other _____

DATES YOU ARE PLANNING TO TAKE THE PREP COURSE AND TEST:

To which specialized high schools/colleges or universities will you apply? An effective application process requires that you apply to at least 6 schools: 2 safe schools, 2 target schools, and 2 dream schools.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PERSONAL STATEMENT OF INTENTIONS (High School Students Only):

- Please attach a typed copy of your personal statement – utilizing a question from college/university that you will apply. In addition, a conclusion statement should be included stating how the Kaplan Scholarship will help achieve your goal(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE FOLLOWING PROVISIONS:

1. I agree to have no more than 2 unexcused absences. _____ (initial)
2. I agree to email my exam scores to the STEP Office **within 1 week of receipt**. _____ (initial)
3. I agree to complete all homework assignments (qualifying me for the score increase guarantee). _____ (initial)
4. I agree to complete a pre/post test and release the scores to the STEP Office. _____ (initial)
5. I understand that in order to receive the scholarship, **I will pay Kaplan a pre-determined amount as determined by my program director. I will register with Kaplan and pay the balance due which will complete my registration for the course and materials** The STEP Program will be billed for the remainder of the costs for the Prep Course.
_____ (initial)

*** I ALSO AGREE to contact _____ when I am accepted into a Specialized High School/College or University** (this information allows STEP to offer scholarships to other students in the future).
(Program Director)

Student SIGNATURE _____

DATE _____

Parent/Guardian Signature _____

Date _____

Please return to:
(Contact Name)
(Contact Title)
(Program Address)
(contact email)

CSTEP Scholarship Application

NAME: _____ **DATE:** _____
Last First **STUDENT #:** _____
(no social security numbers)

ADDRESS: _____ **PHONE:** _____
_____ **E-MAIL:** _____

DATE OF BIRTH: _____ **SEX:** M _____ F _____

ETHNICITY: (Check One)
AFRICAN AMERICAN/Black _____ HISPANIC/LATINO _____ NATIVE AMERICAN _____
ASIAN/PACIFIC ISLANDER _____ WHITE _____ OTHER _____ (Specify)

CLASS LEVEL: Junior _____ Senior _____ Credits Earned _____

GPA: _____ **MAJOR:** _____ **EXPECTED GRADUATION DATE:** _____

WHICH STANDARDIZED TEST ARE YOU TAKING?

PCAT _____ LSAT _____ GRE _____ MCAT _____ DAT _____
GMAT _____ Other _____ (i.e. professional licensing exams)

DATE(S) YOU ARE PLANNING TO TAKE THE PREP COURSE AND TEST:

To which graduate schools will you apply? An effective application process requires that you apply to at least 6 schools: 2 safe schools, 2 target schools, and 2 dream schools.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PERSONAL STATEMENT OF INTENTIONS:

- Please attach a typed copy of your personal statement –utilizing a question from a graduate or professional program that you will apply to. In addition, a conclusion statement should be included stating how the Kaplan Scholarship will help achieve your goal(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE FOLLOWING PROVISIONS:

1. I agree to have no more than 2 unexcused absences. _____ (initial)
2. I agree to email my exam scores to the CSTEP Office **within 1 week of receipt.** _____ (initial)
3. I agree to complete all homework assignments (qualifying me for the score increase guarantee). _____ (initial)
4. I agree to complete a pre/post test and release the scores to the CSTEP Office. _____ (initial)
5. I understand that in order to receive the scholarship, **I will pay Kaplan a pre-determined amount as determined by my program director. I will register with Kaplan and pay the balance due which will complete my registration for the course and materials.** The CSTEP Program will be billed for the remainder of the costs for the Prep Course.
_____ (initial)

*** I ALSO AGREE to contact my program director when I am accepted into a graduate program (this information allows CSTEP to offer scholarships to other students in the future).**

SIGNATURE _____ **DATE** _____

Please return to:
Your CSTEP Counselor