

2010 Adams Avenue
Scranton, PA 18509



Phone: (570)-342-8379

G2DSP Application

Applicant Name:

Date:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Parent/Guardian Name:

Address:

Address is same as above

City:

State:

Zip:

Phone Number:

Email Address:

High School Attending:

Grade: 9th 10th 11th 12th

Do you have a specific field or department(s) in which you are interested?

What made you apply for this program?

Did someone refer you to this program? Yes No **If Yes, list name:**

Applicant Signature:

Date:

Please return to hr@stjosephscenter.org