



**NYSP Participant Application  
THE UNIVERSITY OF NEW MEXICO**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ M  F  Age: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*City State Zip*

Ethnicity: (check all that apply)  American Indian/Alaska Native  Asian  Native Hawaiian/Pacific Islander  
 Black Non-Hispanic  Hispanic  White Non-Hispanic

NYSP Returnee: Yes  No  Number of years in NYSP: \_\_\_\_\_

Parent or legal guardian: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

I understand and consent that a medical examination will be required before enrollment in NYSP and that the host institution and/or NYSP is authorized to obtain medical care or treatment deemed necessary.

**Office Use Only**  
Residing within target area: Yes  No   
Eligible  Noneligible   
Medical-examination record: Yes  No

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