**Application for Membership in STAR-NY Consortium** current 6.22.20

Please return application to STARinfo@starny.org or fax to 607-753-2560

**Application date:**

**Name of Institution**:

**Contact Person**

**Name:**

**Title:**

**Phone:**

**Email:**

**Contribution to STAR-NY**

List two or three subjects for which your school could provide a tutor:

1.

2.

3.

Our school would provide a STAR-NY tutor who is (please check all that apply):

☐ Peer Tutor

☐ Professional tutor

☐ Faculty

☐Adjunct faculty

☐ Other:

**STAR-NY usage**

Our students need support in the following subjects:

☐ Math

☐ Writing

☐ Sciences

☐ Social sciences

☐ Economics

☐ Other:

Will you make the STAR-NY service available to ALL students on your campus?

☐ Yes

☐ No

If No, who will it be available to?

Approximately how many students does this include?