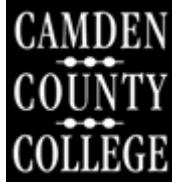


APPLICATION FOR ADMISSION



**GLOUCESTER CITY
COLLEGE PARTNERSHIP PROGRAM
AT
CAMDEN COUNTY COLLEGE**

Division of School and Community Academic Programs

College Partnership Programs

P.O. Box 200 – College Drive

Blackwood, NJ 08012

(856) 227-7200, ext. 4419

www.camdencc.edu/collegebound



**Gloucester City College Partnership Program
at
Camden County College
Applicant/Family Data Form**

Student Name: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security Number: _____

Cell Phone: _____ Emergency Phone: _____

Date of Birth: _____ Age: _____ Sex: _____ M _____ F

Ethnicity (please check): White/Caucasian African American Hispanic/Latino
 Asian Native American Indian other

MOTHER/FEMALE GUARDIAN INFORMATION (all information is confidential and is used for reporting purposes only)

Full Name: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Occupation _____

Do you have a Associates Degree? _____ Name of Institution: _____

Do you have a Bachelor's Degree? _____ Name of Institution: _____

Approximate annual income: _____
 Under 20,000 20,000 – 29,999 30,000 - 39,999 40,000 – 49,999 50,000 and up

FATHER/MALE GUARDIAN INFORMATION (all information is confidential and is used for reporting purposes only)

Full Name: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Occupation: _____

Do you have a Associates Degree? _____ Name of Institution: _____

Do you have a Bachelor's Degree? _____ Name of Institution: _____

Approximate annual income: _____
 Under 20,000 20,000 – 29,999 30,000 - 39,999 40,000 – 49,999 50,000 and up

28Other information:

With whom do you reside (i.e.- Mother, Father, Grandparent, etc.) _____

Including yourself, please give the total number of people in your household: _____

Gloucester City College Partnership Program
 at
 Camden County College
 Household Size Information Form

***Parent Please Complete Data Form**

Members in Family	Relationship to Applicant	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

***Parent/Student Please sign this School Records Release Form:**

I, the undersigned, give permission for Gloucester City College Partnership Program’s administrative, instructional and counseling staff to examine and review copies of any/all records maintained by the high school that pertains to me. This includes, but is not limited to, my transcripts, test scores, evaluations, recommendations, schedules, disciplinary records, and free/reduced lunch information.

This permission is granted for as long as Gloucester City College Partnership Program operates at Camden County College, and is not dependent upon my being a student at Camden County College.

Applicant Signature

Parent/Guardian Signature

Date

Gloucester City College Partnership Program
at
Camden County College
Applicant/School Information Form

SCHOOL INFORMATION

Name of School Student is Presently Attending: _____

Name of high school you will be attending: _____

Present Grade: ___8 ___9 ___10 ___11

Course of Study (College Prep, Business, General, etc.) : _____

Name of Guidance Counselor: _____

Favorite Subject: _____

Least Favorite Subject: _____

Do you want to attend college? _____, List the college name(s):

Extra-Curricular Activities (Sports, Clubs, etc.):

Out of School Interests and Activities (Photography, Dancing, etc.):

ATTENTION APPLICANTS: Please provide a copy of your most recent report card and GEPA test results with your application.

******IMPORTANT SIGNATURES******
(ALL signatures required to process application)

Student Signature : _____ Date: _____

Parent Guardian Signature: _____ Date: _____

Gloucester City College Partnership Program
at
Camden County College
Applicant Recommendation Form

*Please have this recommendation form completed by your Math or English teacher.

Student Name: _____ **Grade:** _____

Please rate the student on each of the criteria listed below by circling a number from 1 to 5.
Please note that 1 is strongly disagree, 5 is strongly agree.

This student displays:

- | | |
|---|-----------|
| 1. Motivation in completing class work. | 1 2 3 4 5 |
| 2. Effort in approaching difficult tasks. | 1 2 3 4 5 |
| 3. Cooperation when working with others. | 1 2 3 4 5 |
| 4. Productivity. | 1 2 3 4 5 |
| 5. A positive attitude toward learning. | 1 2 3 4 5 |

This student:

- | | |
|--|-----------|
| 6. Has excellent class participation. | 1 2 3 4 5 |
| 7. Has excellent attendance. | 1 2 3 4 5 |
| 8. Is inquisitive about subject matter. | 1 2 3 4 5 |
| 9. Participates in extracurricular activities. | 1 2 3 4 5 |
| 10. Has intention to attend college. | 1 2 3 4 5 |

Additional comments may be helpful in evaluating the qualifications of this applicant.

Teacher's Name

Subject area

Teacher's Signature

Date

*Student: you may include additional letters of recommendation from other teachers, counselors, etc. to support your acceptance into Gloucester City College Partnership Program.