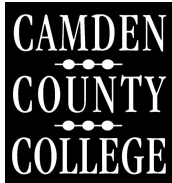


***APPLICATION  
FOR  
ADMISSION***



**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](http://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    50,000-59,999  
60,000-75,000    76,000-and above

**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 – 59,999  
60,000-75,000    76,000-and above

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: \_\_\_\_\_

