



CAMDEN COUNTY COLLEGE
Emergency Text Book Loan Program
856-374-5088

(Return form to Taft 302- Assistant Dean for Student Development and Support)

(PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ College ID# _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

Email: _____ GPA: _____

Financial Aid: Yes or No

Who referred you to this program?

Reason for Book loan request:

Book Title (s) and Course Number (s):

Total Voucher Amount: _____

AGREEMENT NOTICE --

*By signing this agreement, you are acknowledging that these books are the property of the CCC Foundation Office/Student Services and must be returned to the **Tutoring Center, Taft Hall 107** by the end of the semester. If you do not return these items a Student Affairs hold will be placed on your student account! Thank you for being part of this Student Success Initiative. Have a great semester!*

SIGNATURE _____ **DATE** ____/____/____

Approved: _____ **Denied:** _____ **Reason:** _____