

APPLICATION FOR COLLEGE ACHIEVEMENT PROGRAM

APPLICATION DEADLINE: **Applications will be accepted through first week of classes—IDC 326B**

Please type or print clearly: TURN IN TO: IDC 326B or email to millward@sbcc.edu

Name _____ K # _____

Address _____
Street address City State Zip Code

Phone number (where we are most like to reach you) _____

1. Please provide information on your academic background (check all that apply):

_____ High School graduate	_____ Year of high school graduation
_____ G.E.D; Year received	_____ Second year SBCC student
_____ First year SBCC student	_____ Other

2. What are your educational goals? (Please check all that apply.)

_____ Certificate
_____ Associates Degree
_____ Transfer to a four-year college or university

3. Have you declared your major? ____Yes ____No

If yes, what is your major? _____

If you have not declared your major, what classes or areas of study most interest you?

4. Are you planning to work while you attend SBCC? ____Yes ____No

If yes, approximately how many hours a week are you planning to work? _____

5. Are you a member of EOPS: ____Yes ____No

6. Name of reference: _____ (Put current teacher's name above if you have no other reference)

7. Achieving success in college often means balancing different types of responsibilities—including school, family (responsibility for children, siblings, parents or others), work, and personal finances—or meeting academic challenges (including re-entry, underperformance, etc.). CAP is designed to help you achieve this balance. On a separate sheet of paper, please briefly describe your personal goals, strengths, and your academic or personal challenges. **Please make sure to include your name and to attach your response to this application.**