

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.**