## 1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS

ELIZABETH CAMPUS

PLAINFIELD CAMPUS SCOTCH PLAINS CAMPUS

REVISED 2/2024

## SUMMER SCHOLARS PROGRAM ENROLLMENT FORM

## FOR HIGH SCHOOL STUDENTS TAKING COURSES DURING SUMMER SESSION II

The Summer Scholars Program provides high school students the opportunity to earn college credit and have access to important college and career readiness information.

## TO APPLY:.

Student's First Name

- Complete the Summer Scholars Program Enrollment Form and have it approved and signed by your parent/guardian and high school guidance
- Email the form to Dualenrollment@ucc.edu or drop it off to Tawn Walker in the One Stop Center Cranford Campus

TO QUALIFY FOR SPONSORSHIP THROUGH THE COLLEGE READINESS NOW GRANT. Sponsorships are scheduled on a first-come, first-served basis. Spaces cannot be reserved until a completed application is received.

- Be a rising Junior or Senior who resides in Union County
- Be eligible for free or reduced lunch (As determined by the United States Department of Agriculture 2023-24 Income Eligibility Guidelines).

Last Name

Be College English ready and/OR be able to place into college-level math based on the Directed Self-Placement Survey

Date of Birth		Social Security Number								
Address			City		State		Zip Cod	le		
Student Personal Email	udent Personal Email		Phone		Eligible f reduced	or free or lunch?		YES		NO
High School			10 <sup>th</sup> @ time of application		11 <sup>th</sup> grade @ time of application					
	ee or red	uced lunch, please choose	either <b>EN</b>	IG 101 English Compos						1
*See the list of courses.	You can	register for two three-cred	lit courses	or one four-credit ma	th or scie	nce course				
Course Code	Name o	of Course								
parent/guardian. I cert misrepresentation of f Student's Signature:	ify that a	formation concerning my earli the information I have so constitute cause for cancer	supplied of	on this form is accurated my registration and/oDate:	and con	nplete. I un sal.	derstan	d that	any	
Parent/Guardian First Name				Last Name						
Email or Phone				Signature						
I certify that the applicant	IS ELI	<b>GIBLE</b> for free or reduced lun	ch	IN NOT ELIGIBLE for free	or reduce	d lunch				
High School Representativ	e Signatuı	e:		Date:					_	
THE FOLLOWING QUESTION		QUIRED BY THE U.S. DEPARTN	MENT OF H	EALTH, EDUCATION, AND	WLEFARE	E, TITLE VI OF	THE CIV	IL RIGH	TS ACT.	
SEX: [ ] MALE [ ] FEN	MALE	ETHNICITY: [ ] HISPANIC	[ ] NON-	HISPANIC [ ] DECLINES	TO ANSW	/ER				
RACE: [ ] AMERICAN IND [ ] WHITE [ ] D		KAN NATIVE [ ] NATIVE HA	WAIIAN/PA	ACIFIC [ ] ISLANDER [	] BLACK/A	AFRICAN AM	ERICAN	[ ] AS	SIAN	
Union County College does employment and access to		minate and prohibits discrimi and technical programs	nation, as ı	required by state and/or	federal law	v, in all prog	rams and	activiti	es, incli	uding