

Student Achievement & Success Program APPLICATION

Personal Data:

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (h) _____ (w) _____ (c) _____

E-Mail _____ SS# _____

High School _____ Graduation date _____

Emergency Information:

Contact Person _____ Relationship _____

Phone (h) _____ (w) _____ (c) _____

I am interested in enrolling in the Student Achievement & Success Program (SASP). I understand this is a program designed by Anne Arundel Community College to monitor and assist students enrolled. I realize my work and determination with this support will allow me to reach my academic and career goals.

Educational Background: (√) CHECK THOSE THAT APPLY

___ I am not registered in Anne Arundel Community College. Please send me information to enroll.

___ I am currently enrolled in Anne Arundel Community College for _____ semester hours.

___ I have already completed a FAFSA (Free Application for Federal Student Aid).

___ My signed contract for enrollment in SASP is enclosed, please contact me for an interview.

___ I am completing the "SASP" contract and interview today at _____
(location)

___ I began attending AACC during the _____ semester.
(semester and year)

___ I am applying for the SASP scholarship.

Major _____ GPA (if applicable) _____

First language, if other than English _____

I learned about the Student Achievement & Success Program from:

- | | |
|---|---|
| <input type="checkbox"/> A high school guidance counselor | <input type="checkbox"/> Another student |
| <input type="checkbox"/> An AACC academic advisor | <input type="checkbox"/> A brochure |
| <input type="checkbox"/> An AACC faculty/professor | <input type="checkbox"/> Director of SASP (Janice Watley) |
| <input type="checkbox"/> Other _____ | |

