

Summer Bridge Program 2020

June 8th- June 12th, 2020

9:00am – 2:00pm



Student Application

APPLICANT INFORMATION: COM STUDENT ID#: _____										
Last Name		First		M.I.		Date of Birth				
Street Address							Apartment/Unit #			
City				State		ZIP				
Phone				Cell Phone						
Email										
Emergency contact					Emergency Phone					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
List Food Allergies:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
HIGH SCHOOL										
High School										
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Graduation Date				GPA			
If not, when will you graduate?										
High School Counselor										
Are you on Free or Reduced Lunch?	YES <input type="checkbox"/>									
ADMISSIONS INFORMATION										
Have you applied to College of the Mainland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date							
Have you taken the TSI?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date							
Have you decided on a college major?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major							
Do you have a current Meningitis shot?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date							
TRANSPORTATION										
Do you have transportation to the College of the Mainland?	YES <input type="checkbox"/>				NO <input type="checkbox"/>					
Do you have transportation to your High School during the summer?	YES <input type="checkbox"/>				NO <input type="checkbox"/>					

SUPPLEMENTAL INFORMATION				
Do you have a disability that would require accommodations?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please explain:				
Is English your native language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have difficulty speaking or understanding English?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is the highest level of education of your parents or guardians?				
Do you currently fall in to any of these categories?	Homeless youth <input type="checkbox"/>	In, or aging out of, foster care <input type="checkbox"/>	Neither <input type="checkbox"/>	
PLEASE INDICATE YOUR T-SHIRT SIZE (circle one) SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE				
I certify that all of the information above is true and correct. I give permission to release appropriate documentation regarding my enrollment, disability status and information provided by my high school and/or College of the Mainland to the College Connections program. I understand we may discuss my grades as well as my classroom skills and difficulties in order to arrange appropriate tutoring/student support to be arranged. I give College Connections Staff my permission to use my name, picture in related media releases.				
Student Signature			Date	
COM Advisor			Date	
OFFICE USE ONLY				