

Summer Bridge Application

Name

A#

Email

Phone Number

Emergency Contact Person

Phone Number

Choose Your Summer Bridge Program

Columbia Campus: June 12 - 15

Lawrence Campus: June 15, 20 -22

Student Agreement

If accepted to Columbia State Community College as a participant in the Student Support Services Summer Bridge program, I agree to adhere to all program policies and requirements, including attendance of: scheduled classes, group meetings, tutorial sessions, cultural activities, and any other meetings deemed necessary by the College. I understand that failure to do so may result in dismissal from the Summer Bridge program.

Student Signature

Date

Parent/Legal Guardian Agreement - For students under the age of 18.

I certify that the information provided in the application is complete and accurate. I understand that to make false or fraudulent statements in this application will result in denial of admission.

Parent/Legal Guardian Signature

Date

Photo Release

I consent and agree that Columbia State Community College, it's employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now and hereafter known, and exclusively for the purpose of educational, informational, promotional and fundraising for Columbia State Community College or its subsidiaries, including campus recognized student clubs or groups.

Student Signature

Date

Parent/ Legal Guardian Signature - For students under the age of 18

Date

PARTICIPANTS MUST ALSO SUBMIT A TRIO (SSS) APPLICATION

