



Early College SUMMER CAMP PROGRAM 2025

July 7, 2025 - August 15, 2025

(This form is to be completed by high school students wishing to enroll in the ECC Summer Camp Program E-mail completed form to pcrpt1@essex.edu)

Social Security Number	Birth Date	Grade	_ (on Sept. 2025)
Last Name	First Name		
Street Address			
CityState	Zip Code		
Home Phone	Sex: Male	Female	
Cell Phone	e-mail address		
High School:Proj	ected High School	Graduation Date	e:
Have you ever taken a course at Essex Co * For Statistical Purposes only: Ethnicity: • 01White (Non-Hispanic) • 02Black/African American • 03American Indian/Alaskan Native • 04Hispanic/Latino • 05Asian/Pacific Islander • 06Other Have you taken the ACCUPLACER EXAMS for Ess	*Citizenship: • • •	U. S. Citizen Permanent Resident Temporary Resident Other	
Are you a senior who has applied to Essex for Sep	tember 2025 admissio	ons?Ye	 sNo
Have you applied for the Summer Youth Employme	ent Program in your ci	ty? _YesNo	Not Sure
Applicant's Signature:	Date:		
Parent or Guardian's Signature:	Date:		
Person to contact in case of emergency: _			
Primary Phone:	Secondary Phone		

This Summer Program Application does not mean automatic acceptance into the program.