



ESSEX COUNTY COLLEGE

Early College SUMMER CAMP PROGRAM 2026

July 13, 2026 – August 20, 2026

(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 _____

City _____ State _____ Zip Code _____

Home Phone _____ Sex: Male _____ Female _____

Cell Phone _____ e-mail address _____

High School: _____ Projected High School Graduation Date: _____

Have you ever taken a course at Essex County College (ECC) Yes ___ No ___

Ethnicity:

- 01 ___ White (Non-Hispanic)
- 02 ___ Black/African American
- 03 ___ American Indian/Alaskan Native
- 04 ___ Hispanic/Latino
- 05 ___ Asian/Pacific Islander
- 06 ___ Other _____

Citizenship:

- ___ U. S. Citizen
- ___ Permanent Resident
- ___ Temporary Resident
- ___ Other

Have you taken the ACCUPLACER EXAMS for Essex County College? ___ Yes ___ No

Are you a senior who has applied to Essex for September 2025 admissions? ___ Yes ___ No

Have you applied for the Summer Youth Employment Program in your city? ___ Yes ___ No ___ 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.