



Jump Start Program

2019 Application
(Deadline 4/9/2019)

Personal Information

Full legal name _____

Mailing address _____ City _____ State ____ Zip _____

Permanent address (if different from above) _____

Home Phone _____ Cell Phone _____

Date of birth _____

E-mail address _____

High School Information

High School currently attending _____

Current Grade: _____ Expected graduation date: _____

Parental Consent

Print Name of Parent or Guardian _____

Home Phone _____ Cell Phone _____

Signature of Parent or Guardian _____

Teacher/Counselor Nomination Information

Print Your Name _____

Title _____ Phone _____

E-mail _____

*I hereby nominate the student named above to be a participant in the Skyline College Jump Start Summer Program. A **nomination/recommendation letter, student complete application, and HS transcripts are attached or sent directly to stokesm@smccd.edu**. I certify that I will assist the Jump Start Program in following the progress of the student after the program is completed.*

Signature of Teacher/Counselor _____ Date _____

Personal Statement (attach additional pages if needed)

1. What career or field are you interested in and why?

2. What challenges (academic and/or non-academic) have you faced in pursuit of achieving your academic goal?

3. What qualities do you possess that you think will be important assets as a potential member of the Jump Start Program and what do you hope to get out of your participation in the program?

Certification

I certify that the information reported on this application, to the best of my knowledge, is true and correct.

Signature _____ Date _____