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BOROUGH OF MANHATTAN COMMUNITY COLLEGE

COLLEGE DISCOVERY PROGRAM

NEW STUDENT APPLICATION FALL 2022

EMPLID:				
Name:	(Last)		(First)	
DOB:		Email:		
Cellphone #:		Home #:		
Address:				
	(City)	(State)	(Zip Code)	
(Check One)				
Yes, I am ir	nterested in being part	of BMCC's College Discovery	Program.	
No, I am n	ot interested at this tim	e, please don't contact me.		

STUDENT'S SIGNATURE

DATE

Please check-off all the items completed

Check-off the required documents provided with this application:

- Form 1040 (2020) U.S. Individual Income Tax Return
- Public Assistance Letter
- Social Security Letter
- Ward of the State Letter
- I will submit documents in the next 2 weeks

Check-off those action items completed:

- Proficient in all (Math, Reading and Writing)
- Needs Math____ ENG____ RDG____
- Filed FAFSA (Federal Pell and TAP)
- Provided Immunization Records
- Registered for CD Summer Bridge Program

Parent Info:			
Phone:			
Email:			

FOR OFFICE USE ONLY

CF Code or CAA:
Economic Eligible:
Summer Completed:

