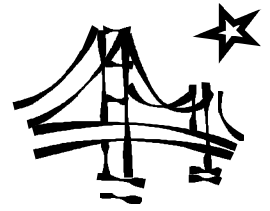




# Met Life Academy

## Academy of Success College Bridge Program



*ALL information should be filled out and legible to be considered.*

Name: \_\_\_\_\_ Banner ID: @ \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

Date of Birth: / / Social Security #: - - Gender: \_\_\_\_\_

School Name and Address Attending: \_\_\_\_\_

Counselor/Contact Name: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

Please answer the following questions in the space provided or if needed, you may attach an additional sheet.

1. Are you available to participate in all activities, which will include:

€ Coursework from Thursday, June 28, 2007 through Friday, August 3, 2007 (9 am–2:30 pm)

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What is your current and overall GPA in high school? \_\_\_\_\_

3. Are you a part of the High School Partnership Program? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Will you be using public transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How did you hear about the Met Life Academy program? \_\_\_\_\_

6. What programs/activities have you been involved with in high school, your community, and/or church? \_\_\_\_\_

7. What colleges are you applying to? (School Name and State) \_\_\_\_\_

8. What area(s) of study are you interested in pursuing in college? \_\_\_\_\_

9. **Personal Statement:** Please respond to the following question on the reverse side of this application.

10. **Letter of Recommendation:** Please request that a teacher or guidance counselor complete the recommendation form provided. This letter of recommendation and transcripts should be sent directly to the Welcome Center at Capital Community College.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Essay  
Recc  
Transcripts  
CCC Appl

Signatures  
P \_\_\_\_\_  
S \_\_\_\_\_



