

**ACT 101 Application- 2006**

Please print and complete ***both*** sides of this application and return it to the: ***ACT 101 Program, Delaware County Community College, 901 S. Media Line Road, Media, PA 19063-1094. Phone: (610) 359-5388.***

***(Check Yes or No)***

Yes    No   I am interested in the **7-week** **Summer Component.**

Yes    No   I am interested in the ACT 101 Program for the **Fall** and **Spring** semesters.

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Apt. #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

\_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(City)                      (State)                      (Zip/Postal Code)                      (Month)                      (Day)                      (Year)

**Email address:** (if applicable) \_\_\_\_\_

**Gender:**    Male    Female

**Who do you live with?**    Parents    Spouse    Self    Other \_\_\_\_\_

**Did your parents graduate from college?**    Mother    Father    Both    Neither

**Marital Status:**    Single    Married    Separated/Divorced    Widowed

**The # of dependent children:** Of your parents (only if you live with them): \_\_\_\_\_ Of yourself: \_\_\_\_\_

**How many in your family are attending college? (Include yourself)** \_\_\_\_\_

The amount of tuition & fees for others within your household attending college \$ \_\_\_\_\_  
(Do not include yourself)

<b><u>For Office Use Only:</u></b>	
Eng: _____	Math: _____ Rdg: V _____ C _____
T/student: <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> N	
N/student: <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O	
Code: _____	Major: _____

***Please complete other side →***

Because Financial status is considered as part of the acceptance process into the ACT 101 Program, the following information must be completed. Enter "N/A" (*non-applicable*) where information requested does not apply.

Please give Earned Income for year 2005 (***IMPORTANT: Attach a copy of your W2 from 2005. Applications can not be processed without this information.***)

***(NOTE: List your parents' income ONLY if you live with them)***

- \$ \_\_\_\_\_ of father (adjusted Gross Income before deductions)
- \$ \_\_\_\_\_ mother's salary (if both parents work)
- \$ \_\_\_\_\_ of self (adjusted Gross Income before deductions)
- \$ \_\_\_\_\_ of spouse (adjusted Gross Income before deductions)
- \$ \_\_\_\_\_ list any unreimbursed Medical expenses
- \$ \_\_\_\_\_ list any unreimbursed Special Education costs for a handicapped child

***Non-Taxable income for Year 2004 (Includes: Welfare, Veteran's Benefits, Social Security).***

- \$ \_\_\_\_\_ of yourself
- \$ \_\_\_\_\_ of spouse
- \$ \_\_\_\_\_ of parents

I (we) certify that the information contained in this application is complete and accurate.

I (we) agree to release copies of any documentation, including U.S. or State Income Tax returns.

\_\_\_\_\_ Applicant's Signature  
\_\_\_\_\_ Spouse's Signature  
\_\_\_\_\_ Signature of Parent (must be provided if applicant lives with and is dependent upon parents)  
\_\_\_\_\_ Date