



Erie Community College
SAY YES Summer Success Academy
STUDENT APPLICATION

Applicant Information					
Full Name:	<i>Last</i>		<i>First</i>		<i>M.I.</i>
Date of Birth:	<i>Month Day Year</i> / /		Office Use: Student ID:		
Address:			<input type="checkbox"/> FAFSA Complete		<input type="checkbox"/> Moved to student
			<input type="checkbox"/> ACCUPLACER Complete		<input type="checkbox"/> EOP Applicant
City:			State		Zip
Home Phone:	()		Cell Phone	()	
Student Email <i>(Required)</i>					
High School Name			Month/Year Graduated <i>or</i> Anticipated Graduation Date	/	
Are you interested in applying for the Educational Opportunity Program (EOP)?			Yes	No	
Is English your primary language?			Yes	No	
Do you require any accommodations due to a disability?			Yes	No	
PERSONAL STATEMENT					
In three 3-5 sentences, please describe your personal interest and motivation for participating in this summer program.					
How did you hear about the Erie Community College Summer Success Academy?					
<input type="checkbox"/>	SAY YES Representative	<input type="checkbox"/>	ECC Counselor/ Contact	<input type="checkbox"/>	High School Counselor
<input type="checkbox"/>	Mailing	<input type="checkbox"/>	Other- Please indicate: _____		

Please return completed application and completed Mayors Summer Youth Application to:
 SAY YES Summer Success Academy | Erie Community College | 121 Ellicott St. | Buffalo, NY 14203 Attn: Diane McLaughlin
 or scan and email completed forms to SayYes@ecc.edu

SSA application deadline is May 31, 2017. Space is limited to 50 SAY YES eligible students.

To receive a Mayor's Summer Youth (MSIP) stipend you must submit that application by **APRIL 28, 2017**