

**Early Scholars Program / Concurrent Enrollment
Saint Joseph's College of Maine
ESP @ SJC**

Biographical Information

Legal Name: _____ / _____ / _____
 Last First Middle Initial SS#

Home Mailing Address: _____
 Number and street/P.O. Box

_____ / _____ / _____
 City/Town State Zip Code

Email Address: _____

Student's Cell phone: (____) _____

Home phone: (____) _____ - _____ Date of Birth: ____ / ____ / ____

High School: _____ Year of Graduation: _____

Guidance Counselor: _____ Phone: (____) _____ - _____

Father's name (or guardian): _____

Mother's name (or guardian): _____

Emergency contact: _____ / _____ / _____
 Name Relation Phone

Academic Information

Semester: _____ / _____
 Spring/Fall Online/On Campus

First Choice: _____ Course Number & Section: _____

Second Choice: _____ Course Number & Section: _____

Third Choice: _____ Course Number & Section: _____

Other Areas of Interest: _____

Signature: _____ Date: ____ / ____ / ____