

SUFFOLK COUNTY COMMUNITY COLLEGE

Application Form for Grant Funded Programs
PLEASE RETURN TO dunkira@sunysuffolk.edu

COVID-19 Policy Note: All students taking in-person classes are now mandated to be vaccinated against COVID-19.
You can submit vaccination proof via email to: COVID19vaccinecards@sunysuffolk.edu

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____

Date of Birth: Day _____ Month _____ Year _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

County (if other than Suffolk): _____ Home Phone: (____) _____ Cell Phone: (____) _____

High School Attended: _____ Year Diploma Received: _____

Highest Educational Level you have completed?

- | | | |
|--|--|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Equivalency School Diploma (GED/TASC) | <input type="checkbox"/> Certificate of Attendance/Completion as a result of successfully completing an IEP |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> One or more years of post-secondary education | <input type="checkbox"/> Attained a post-secondary technical or vocational certificate (non-degree) |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Degree beyond a Bachelor's degree | <input type="checkbox"/> No Higher Education Completed |
| | | <input type="checkbox"/> Other: _____ |

What class are you applying for?

- | | | | | |
|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Health IT | <input type="checkbox"/> Ophthalmic Technician Assistant | <input type="checkbox"/> Pharmacy Technician Assistant | <input type="checkbox"/> Dietary Manager | <input type="checkbox"/> Real Estate Salesperson |
|------------------------------------|--|--|--|--|

Year: _____ Term: Fall Spring Summer Winter

Gender/Ethnicity/Race: (These questions are for statistical purposes only. Your response is optional and does not affect your admission. You will be given another opportunity to provide this information after admission if you wish to do so.)

- Please indicate your gender: Female Male
- Are you Hispanic/Latino? Yes No
- If Hispanic or Latino, please indicate your ethnicity (select one):
 Cuban Dominican Mexican Puerto Rican South American Central American Other Hispanic/Latino
- Please indicate your race (select one or more):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White More Than One Race.

Background Information:

- Have you ever been suspended, dismissed or expelled from college or university for disciplinary reasons? Yes No
- Are you a citizen of the United States? Yes No
- Are you a veteran of the United States Armed Forces? Yes No
- Do you have a disability? Yes No

Emergency Contact Information:

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Home Work Cell Other

Home Work Cell Other

Employment Status:

Are you currently employed? Yes No Are you working in your own business, profession or farm Yes No

If you are unemployed, have you been unemployed for 27 or more weeks? Yes No

Are you an underemployed worker? Yes No *(An underemployed worker is a person not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who has obtained only episodic, short-term, or part-time employment)*

If employed, please fill out following information:

Industry: _____ **Position:** _____ **Hours Per Week:** _____ Full-Time Part-Time

Employer Name: _____ **Contact Person:** _____ **Employer/Contact Number:** _____

Employer Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

**The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this registration form will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained in the Office for Continuing Education. The official responsible for the maintenance of this information is Arlene Jackson, Sayville Center, 30 Greene Avenue, Sayville, NY 11782*

Non-Discrimination Notice: Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, see: www.sunysuffolk.edu/nondiscrimination. The following person has been designated to handle inquiries regarding the College's non-discrimination policies: **Civil Rights Compliance Officers, Christina Vargas**, Chief Diversity Officer/Title IX Coordinator; Ammerman Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784; vargasc@sunysuffolk.edu; (631) 451-4950.

Contact Public Safety at any time 24 hours a day/7 days a week (631) 451-4242 or 311 from any College phone. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov.

All campus crime statistics are available on the College website at sunysuffolk.edu/Safety.

SIGNATURE: _____ **Date:** _____

SUFFOLK COUNTY COMMUNITY COLLEGE

CONTINUING EDUCATION PROGRAM

PARTICIPANT AGREEMENT FOR NEW NON-DEGREE STUDENTS:

- As a participant in any of SCCC Continuing Education Grant-Funded Programs, I agree to comply with the following guidelines:
- I understand that I have enrolled in a program with the intent to acquire skills in the healthcare field with the objective of becoming employed in the field or upgrading my skills to receive a higher paying job in the field.
- I understand that it is my responsibility to attend all class meetings and attend class on time and complete all assignments.
- I understand that in order to complete each course successfully, I must complete all homework assignments and all Simulation and Lab assignments. Upon successful completion, I will receive a Certificate of Completion.
- I agree to fill out all required paperwork accurately and in a timely manner.
- I also understand that if I am seeking employment, I must also register with the local Department of Labor and complete the assigned tasks in order to receive job placement assistance in the healthcare field. I understand that there are no hiring guarantees and securing a position within an organization is based on my personal efforts, job skills and willingness to work. I agree to inform SCCC of my employment when hired.
- I understand that in order to participate in this program I have paid a non-refundable registration fee. (if applicable)
- If for any reason I cannot complete this commitment, I agree to inform Suffolk County Community College's Office for Continuing Education.

Print Name: _____

Signature: _____

Date: _____

PLEASE RETURN APPLICATION TO dunkira@sunysuffolk.edu

Andrea Dunkirk, Specialist
Suffolk County Community College
Sayville Center – Office for Continuing Education
30 Greene Avenue
Sayville, NY 11782

631-451-4552