

First Year Experience Program Application 2014-2015

First Name

Last Name

Solano ID #

Birth Date

Mailing Address

City

Zip Code

Phone Number

Email Address

SCC Assessment Testing Completed (you must complete all 3 prior to applying)

Sentence Skills score: _____ verified: _____

Reading Comprehension score: _____ verified: _____

Math score: _____ verified: _____

Briefly describe why you would be a great candidate for the First Year Experience Program?

Please describe any previous experience you have working within a group.

Please describe what achieving a college education means to you.

Signature

Date

Please mail the completed application along with a copy of your high school transcripts to:

Solano Community College
First Year Experience Program
Nick Cittadino
4000 Suisun Valley Rd.
Fairfield, Ca 94534

Questions?
Email: nicholas.cittadino@solano.edu