

**2009-2010 PART-TIME STUDENT APPLICATION FORM  
MERCER COUNTY COMMUNITY COLLEGE INJURY & SICKNESS PLAN**

STUDENT'S NAME

\_\_\_\_\_

LAST NAME

FIRST NAME

PARENT OR GUARDIAN

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

STREET

\_\_\_\_\_

CITY OR TOWN

STATE

ZIP CODE

BIRTHDATE

\_\_\_\_\_

MONTH

DAY

YEAR

STUDENT ID #

**PLEASE CHECK ONE**

FALL SEMESTER

\$19.00

SPRING SEMESTER

\$19.00

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

SIGNATURE