

**2012-2013 PART-TIME STUDENT APPLICATION FORM
BURLINGTON COUNTY COLLEGE INJURY & SICKNESS INSURANCE PLAN**

STUDENT'S NAME

LAST NAME

FIRST NAME

PARENT OR GUARDIAN

HOME ADDRESS

STREET

CITY OR TOWN

STATE

ZIP CODE

BIRTH DATE

MONTH

DAY

YEAR

STUDENT ID #

PLEASE CHECK ONE:

**INJURY &
SICKNESS**

FULL YEAR COVERAGE

\$85.00

SPRING & SUMMER

\$74.00

SUMMER ONLY

\$67.00

DATE OF APPLICATION

SIGNATURE