

## Peter J. McGuire Scholarship Application

E-mail completed application to: <u>jtenuto@camdencc.edu</u>

Please type or print legibly.

Name					
Address					
City	State	County		Zip	
Student ID #					
Home Phone	Work	Phone	E-mail		
Student Status (c	heck all that apply	<b>(</b> )			
<ul> <li>□ Returning to Camden County College in Fall</li> <li>□ Academic Major at CCC:</li> <li>□ Transferring to four-year university in Fall</li> </ul>					
		university:			
Credits earned as	of Spring 2024: _	Credi	ts registered for	Fall 2024:	
Are you employe	d? Yes	No If yes:	_ Full-time (35+	hrs/week)	Part-time
Do you receive fi	nancial aid (not ind	cluding student loar	ns)? Yes	No	
Are you or a men	nber of your house	ehold a member of a	an AFL-CIO affilia	ated union?	Yes No
Please specify me	ember of househo	ld and relation to yo	ou		
Name of union					
To the best of my kno	owledge, the above in	formation is correct.			
X Signature				Date	
Signature				Date	