



REFER-A-FRIEND APPLICATION

CURRENT STUDENT INFORMATION

Name:		
Student I.D.	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
How did your friend hear about SCCC?	What country is your friend from?	Are you a full time student at SCCC next quarter? <input type="checkbox"/> YES <input type="checkbox"/> NO

NEW STUDENT INFORMATION

(Your Friend's) Name:		
Relationship to you:		
What quarter does your friend plan to begin at SCCC?		What does your friend want to study?
Phone:	E-mail:	Fax:
Address:		Phone:
City:	State:	ZIP Code:

SIGNATURE & AGREEMENT

I understand that I will receive the \$100 Refer-a-Friend grant as a tuition reduction for the next quarter enrolled, not as a cash award. I understand that I will not receive this discount until after the person I referred is registered after the 10th business day of the quarter. This grant will be applied to the following term.

Signature of applicant	Date
Signature of school official	Date