



## Student Achievement and Success Program (SASP) Application

Name: \_\_\_\_\_ AACC ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred method of communication:  Phone Call  AACC Email  Personal Email

**Optional Section** First Language: \_\_\_\_\_  
Gender: \_\_\_\_\_ Preferred Personal Pronouns:  he/him/his  she/her/hers  their/them

Previous Institution Attended (*select all that apply*):  High School  GED  2-year college  4-year college

Name of Most Recent Institution: \_\_\_\_\_ Graduation Date (mm/yyyy): \_\_\_\_\_

Do you have a parent(s) that has earned a bachelor’s degree?  Yes  No  Unsure

Military Service:  Active Duty  Reservist  Veteran  Dependent  Spouse  No military connection

**Educational Information** (*check all that apply*):

- My English and mathematics placement has been determined.
- I began attending AACC during the \_\_\_\_\_ semester.
- I am currently enrolled in Anne Arundel Community College for \_\_\_\_\_ credit hours for the \_\_\_\_\_ semester.
- I have completed the Free Application for Federal Student Aid (FAFSA) for the \_\_\_\_\_ academic year.

**Current Academic Goal:**  Associate Degree  Transfer  Certificate  Undecided

Program of Study/Field of Interest/Major: \_\_\_\_\_

I learned about the SASP Program from:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A high school guidance counselor | <input type="checkbox"/> Another student  | <input type="checkbox"/> Bridge to Success Program     |
| <input type="checkbox"/> An AACC academic advisor         | <input type="checkbox"/> A flier/brochure | <input type="checkbox"/> First Year Experience Program |
| <input type="checkbox"/> An AACC professor/instructor     | <input type="checkbox"/> AACC Website     | <input type="checkbox"/> SASP Staff Member             |
| <input type="checkbox"/> Other _____                      |   |  |

***I am interested in enrolling in SASP. I understand this is a program designed by Anne Arundel Community College to monitor and assist enrolled students. I realize my work and determination with this support will allow me to reach my academic and career goals.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form via email to [sasp@aacc.edu](mailto:sasp@aacc.edu)**

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days’ notice. For information on AACC’s compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or Maryland Relay 711. Form v.12.1.2020