

CHALLENGER PROGRAM APPLICATION

Admissions Office + 973-328-5100

New Challenger Students must submit this completed application, including the \$30 non-refundable application fee, to the Admissions Office. Make checks payable to County College of Morris.

Last Name	First Name	MI	
Mailing Address:		_ Apt./Bldg. No.:	
City: Sta	ate: Zip Code:	County:	
Home Phone: ()	Email Address:		
Cell Phone: ()	Social Security Number (required):		
How long have you lived in NJ?	Birth Date (required):	Age:	
Ethnic Code <i>(optional)</i> : □ Black, Non-Hispanic □ American Indian / Native American or Alaskan □ Asian or Pacific Islander (India, China, etc.)	□ Latino / Hispanic Native □ White, Non-Hispanic □ Other / Choose Not	to Answer	
Gender <i>(optional)</i> : □ Male □ Female			
High School:	Expected Graduation Date:		
🗆 Non-citizen, Employment Authoriz	ginal Permanent Residency Card to the Admis zation (must bring Employment Authorizatio _ (must bring Visa and I-94 Arrival/Departu	n Card to the Admissions Offic	

Applicant's Signature:			Date:
OFFICE USE ONLY	D P0001 Challenger	D P0003 Academy	□ P0008 EDAM
	Dependence P0009 Cyber Security	D P0011 CAST	Dependent P0013 Dual Enrollment

County College of Morris 2019 - 2020