

EASTERN SHORE COMMUNITY COLLEGE



**EDUCATIONAL TOLL FUND
STUDENT REGISTRATION**

DATE OF REGISTRATION: _____

NAME: _____

STREET ADDRESS (LINE 1): _____

STREET ADDRESS/PO BOX (LINE 2): _____

CITY, STATE, ZIP CODE: _____

PHONE # (To Reach Student): _____

EMAIL ADDRESS: _____

TYPE OF DEGREE/CERTIFICATE: _____

SCHOOL ATTENDED: _____

SIGNATURE: _____

NOTE: Checks are processed approximately once per week and will be mailed to the address above.