

**Peer Tutor Program – Student Success Center
Cloud County Community College**

APPLICANT INFORMATION			
Last Name		First	Date
Street Address		Apartment/Unit #	
City		State	ZIP
Email Address			
Phone		Cell Phone	
Major		Cumulative GPA	
Are you currently employed by CCCC? Yes No If Yes, how many hours per week do you work?		Have you applied for Work Study? Yes No	Grade Level (please circle) FR SO
Are you currently a student at CCCC? Yes No		Expected graduation date	

EDUCATION at Other Institutions			
High School		City	
Graduation year	GPA (if known)	State	
College			
From	To	Did you graduate? Yes No	GPA

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title		Starting Date	Ending Date
Responsibilities			
Reason for Leaving (If Applicable)			
May we contact your previous supervisor for a reference? Yes No			
Company		Phone	
Address		Supervisor	
Job Title		Starting Date	Ending Date
Responsibilities			
Reason for Leaving (If Applicable)			
May we contact your previous supervisor for a reference? Yes No			

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

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REFERENCES <i>Please list at least one individual who is aware of your tutoring ability</i>	
Full Name	Relationship
Company	Phone
Address	Email Address
Full Name	Relationship
Company	Phone
Address	Email Address

Please list and describe any tutoring experience you may have had:

List in priority order the courses you wish to tutor:

1.	3
2.	4.

Complete the schedule below by Xing out the times you **CANNOT** tutor.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 – 9:00 AM 8:00-9:30 T/R					
9:00 – 10:00 AM 9:30-11:00 T/R					
10:00 – 11:00 AM					
11:00 – 12:00 AM					
12:00 – 1:00 PM 12:00 – 1:30 T/R					
1:00 – 2:00 PM 1:30 – 3:00 T/R					
2:00 – 3:00 PM					
3:00 – 4:00 PM					
4:00 – 5:00 PM					
6:00 – 7:00 PM					
7:00 – 8:00 PM					

DISCLAIMER AND SIGNATURE	
I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I grant that the SSC may contact any of my listed references and that a CCC transcript may be released to the SSC. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Return to: Student Success Center
Cloud County Community College 2221 Campus Drive Concordia, KS 66901