

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.