



# COASTAL CAROLINA COMMUNITY COLLEGE

## *Onslow Career and College Promise Program (CCPP)*

### APPLICATION (Summer 2017 – Spring 2018)

#### *Student Information:*

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  M  F  
High School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
Family Current Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Student Current Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
State of Residence: \_\_\_\_\_

Ethnicity:  Hispanic or Latino

Race (if Non-Hispanic):  Asian  Black or African American  White

American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Citizenship:

US Citizen

Non-Immigrant Alien

Not US Citizen, Name Country \_\_\_\_\_

Permanent Resident Alien

#### *Emergency and Medical Information:*

Name of person in case of emergency: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Are you allergic to any medication or materials:  Yes  No If yes, explain: \_\_\_\_\_

Please list any conditions, ailments, or problems which you feel may be helpful for school officials to know in the event you were to have an accident, illness, or other health emergency problem while on campus: \_\_\_\_\_

If a student requires emergency medical treatment, the College is authorized to have the student transported to the nearest medial facility.

#### *Admissions Policy:*

Attendance at Coastal Carolina Community College (CCCC) requires the student to abide by all rules and regulations as set forth by the high school and the College. As a general rule, high school students are limited to two college courses (7 credit hours) per semester. Career and College Promise Program high school students must be at least 16 years of age, must be attending high school at least one-half day, must be making appropriate progress toward graduation, and cannot displace adult college students. The requested information on this application is used for institutional and statistical purposes and is held in strict confidence. This application is for the purpose of Career and College Promise Program and not for admission to Coastal Carolina Community College. It is the policy of Coastal Carolina Community College not to discriminate against any US citizen on the basis of race, color, handicap, sex, religion, age, or national origin in the recruitment and admission of student.

**Note: A new application must be completed for each semester the student enrolls in CCPP.**

*Pathway, College Readiness, Courses, and Semester sections to be completed with high school counselor.*

***Career and College Pathway:***

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Associate in Arts (P1012C)<br>College Transfer Pathway    | <input type="checkbox"/> Collision Repair & Refinishing<br>(C60130) Career & Technical<br>Pathway        | <input type="checkbox"/> Manicuring/Nail Technology<br>(C55400) Career & Technical<br>Pathway |
| <input type="checkbox"/> Associate in Science (P1042C)<br>College Transfer Pathway | <input type="checkbox"/> Diesel and Heavy Equipment<br>Technology (C60240) Career &<br>Technical Pathway |   |

***College Readiness Verification: (attach copy)***

High School Weighted GPA: \_\_\_\_\_

SAT (taken 3/2016 or later)		PSAT (2015 or later)		Pre-ACT		ACT		■ NC DAP REQUIRED	
Evidence-Based Reading and Writing		Writing & Language		English		English		English and Reading	
		Reading		Reading		Reading			
Mathematics		Mathematics		Mathematics		Mathematics		Mathematics	

***Requested Courses: (in order of preference)  
only courses listed will be considered***

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

High School Release Time: \_\_\_\_\_

***Requested Semester:  
(select one)***

- Summer 2017  
 Fall 2017  
 Spring 2018

***Required Signatures for Approval, Registration, and Release of Information***

*I hereby certify that the information I have given is true to the best of my knowledge. All parties approve of the courses, schedule, and information provided on the entire application. All parties agree and understand that at the end of each term, CCCC will provide Onslow County Schools with: (1) a summary listing of high school students who participated in the approved program through the College and (2) a summary listing of the grade performance for each high school student. Your signatures below will authorize the release of such information.*

High School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCCC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*College GPA for returning CCCC student \_\_\_\_\_

***ADA Statement:***

If you have a disability and wish to request an accommodation, contact the Admissions Office and ask for the "Request for Accommodation" form. Be sure to notify the College of your needs as soon as possible. If accommodation is not requested in advance to provide the college sufficient and adequate time to meet your needs, we cannot guarantee the availability of a reasonable accommodation when you need it.

Revised 2/2017