Application for Early College Options (CCP, EEP, Bridge to College) washington STATE COMMUNITY COLLEGE

 Read this entire form and complete ALL information. Make certain information is correct and complete, including all appropriate signatures.

Submit Early College Academy Academic Plan to your high school guidance office. Request high school transcript.

Return the completed application to the CCP Advising office in Student Services.

710 Colegate Dr. Marietta, OH 45750 740.374.8716 www.wscc.edu

		CONTACT IN	FORMATION	I				
First name:	Middle name:		Last name (family n	ame/surname):		Suffix (Jr., III, etc.):		
Maiden or former last name:	Maiden or former last name:		E-mail address:					
Street address:								
City:		County:		State:	Zip/postal code:			
Home phone:	Work phone:		Cell phone:		·)			
		PERSONAL IN	NFORMATIO	N				
The following information is required of the college to comply with the U.S. Department of Education reporting requirements and for other statistical purposes. This information is not used in either college or program admissions decisions.								
Social Security Number:	Gender:		Marital status:					
	0 111	female	○ single ○ married ○ separated ○ divorced ○ wido					
Date of birth (mm/dd/yyyy):	Please indicate your ethnic	city:	Please select one (or more) racial categories:			○ \M/L:4-		
U.S. citizen:	·		O American Indian/Alaska Native O Asian O White					
○ yes ○ no	○ Non-Hispanic/N	lon-Latino	○ Black/African American ○ Native Hawaiian/Other Pacific Islan					
If not a U.S. citizen, country of legal citizenship: INS classification: Permanent Resident (Green card) Student Visa			it (Green card)	Permanent Resident Alien Registration Number:				
Did either of your parents graduate from a four-year college or university?					O no			
Were you a member of a TRiO program during high school? (Upward Bound, Educational Talent Search) yes If yes, which? Upward Bound								
Are you currently enrolled in a two-year College Tech Prep program at Meigs Local High School, Morgan High School, or the Washington County								
Career Center?					○ yes	○ no		
HIGH SCHOOL INFORMATION								
High school name: Graduation date:								
The state of the s								
City:			State:					
Career Center, Vocational Program, or Technical Education Program:								
ACADEMIC INTENTIONS (PLEASE SELECT ONLY ONE)								
Degree seeking: (Eligible for financial aid)								
○ To obtain an associate degree for transfer to a four-year college/university. (06) ○ To obtain an associate degree for the job market. (07)								
O To obtain a certificate. (05)								
Non-Degree seeking: (Not eligible for financial aid)								
 To obtain knowledge for personal interest. (01) To upgrade skills for current job by taking only selected courses. (02) 								
1 -								
 To train for a new career by taking only selected courses. (03) To transfer to a four-year college/university before completing a degree or certificate. (04) 								
of transfer to a four-year college/university before completing a degree or certificate. (U4)								

Application Process & Timeline: www.wscc.edu/future/early-college/application-enrollment-process/

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ENROLLMENT OPTIONS								
Which program are you applying for? (Mark all that apply)								
Early College Academy (CCP at W:)	CCP at WSCC) CCP at High School Early Enrollment Program (EEP)			am (EEP)	○ Bridge	e to College F	Program (f	or WV residents only)
In what term and year do you plan to enroll?								
O Fall O Winter Intersession	on O Spring	O Summer	Year:		_			
Entry status: Have you ever attended Washington State or Washington Technical College in a previous term? O Yes No						No		
Have you ever attended another college or university?					0	Yes	0	No
If so, which one(s)?								
Enrollment status: Clas	Class schedule: Have you			been an Ohio resident for the past 12 months?				
O full-time O part-time	O day O evening O both O Yes				O No			
PARENT OR GUARDIAN CONTACT INFORMATION								
First name:	Last name (family no	nme/surname):	Suffix (Jr., III, etc.):	Relationship to	student (fathe	er, mother, etc.)		
Home phone: Cell phone:								
Work:			Work phone:					
Email Address:								
IMPORTANT NOTE:								
Early College Academy: Submit this application to the CCP Advising Office at Washington State Community College. Submit the Early College Academy Academic Plan to your high school guidance counselor and request a high school transcript.								
	Submit this application and current high school transcript to the CCP Advising Office at Washington State Community College.							
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PLEASE SELECT ONE PROGRAM OF STUDY FROM THE LIST BELOW:

Auto & Diesel Automotive Technology Automotive Service Automotive Technician* Diesel Truck Systems Truck Maintenance* Business & IT Accounting Technology Accounting Accounting*	Engineering & Industrial Techologies Electrical Engineering Technology -	Transfer Biological Science Transfer Business Administration Education Early Childhood Middle Childhood Young Adult General Sciences Liberal Arts Social Services Associate of Individualized Studies
Business Management On Campus Online Digital Technology Computer Systems* Cyber Security & Investigation Administrative Services Technology Medical Coding*	Health Health & Wellness Technology Area of Interest: Associate Degree Nursing‡ Massage Therapy*‡ Medical Laboratory Technology‡ Practical Nursing*‡ Radiologic Technology‡ Respiratory Therapy Technology‡	Certificates of Completion (less than one year - not eligible for financial aid) Peace Officer Basic Academy Private Security
	Criminal Justice Technology — Criminal Justice — Peace Officer Basic Academy — Peace Officer Basic Academy* Social Services Technology — Chemical Dependency Counseling‡ — Social Services Technology	* Denotes a 1-year certificate program ‡Selective admission program
maintenance of student records. An additional application must be opportunity at Washington State Community College on the basis I agree to let Washington State Community College, its substresponsibility of inspecting, approving and selecting these for the liable for any distortion or other alteration that may result.	ir use. Washington State will not make any deliberate distortion or	sed to evaluate a student for admission; it is for information in the ided from participation in or denied benefits from any program or ap, veteran status, sexual orientation or genetic information. In signaph, video and/or other reproductions. Washington State has the other alteration to these items. I agree not to hold Washington State
The information I have submitted on this applica	ition form is true and correct to the best of my knov	vledge.
Parent/Legal Guardian's signature	Date Applicant's signature	Date

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www.wscc.edu admissions@wscc.edu