



# Learn & Earn Online Program Application

Full Name (First, Middle, Last ): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell/Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **Student Citizenship:**

Place of Birth (country): \_\_\_\_\_ Citizenship (Country): \_\_\_\_\_

Are you a legal resident of North Carolina? Yes \_\_\_\_ No \_\_\_\_

Have you maintained your domicile/residence in NC for at least 12 months prior to the date of this application?

\_\_\_\_ Yes \_\_\_\_ No; If no, when did you begin residence in NC? \_\_\_\_\_

Have you ever lived outside of NC? Yes \_\_\_\_ No \_\_\_\_

If yes, for what purpose?

\_\_\_\_\_

Dates of out-of-state residence \_\_\_\_\_

Last state of residence \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Birth Date \_\_\_\_\_ (Month, Date, Year)

### **Employment:**

\_\_\_\_ unemployed - not seeking employment

\_\_\_\_ unemployed - seeking employment

\_\_\_\_ employed 1 - 10 hours per week

\_\_\_\_ employed 11 - 20 hours per week

\_\_\_\_ employed 21 - 39 hours per week

\_\_\_\_ employed 40 or more hours per week

Long-term goal:

\_\_\_\_ I plan to obtain a degree, diploma, or certificate, or

\_\_\_\_ I do **not** plan to obtain a degree, diploma, or certificate at CCCC, but rather I want:

\_\_\_\_ to improve my job skills in my  
present field of work.

\_\_\_\_ to take courses in preparation to  
transfer to another college.

\_\_\_\_ to obtain job skills for a new field  
of work.

\_\_\_\_ to take courses primarily for  
personal interest and enjoyment.

What is the highest year of school completed?: Father \_\_\_\_\_ Mother \_\_\_\_\_

Name of Student's High School: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Enrolling in CCCC for which term: Year: \_\_\_\_ Summer \_\_\_\_ Fall Semester \_\_\_\_ Spring Semester \_\_\_\_

How many courses will you take? \_\_\_\_\_ **List Learn & Earn Online Courses Needed:** \_\_\_\_\_

*Note: Depending upon the date the application is received, courses may already be full. For this reason, please list courses in the order that you desire to take them.*

NAME OF HIGH SCHOOL FACILITATOR: \_\_\_\_\_

HS ADDRESS (BOOKS WILL BE MAILED TO THIS ADDRESS): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***ONCE YOU HAVE COMPLETED THE ABOVE INFORMATION,  
PLEASE PRINT THIS APPLICATION. ONLY PHYSICAL  
SIGNATURES ARE ALLOWED BELOW. NO ELECTRONIC  
SIGNATURES WILL BE ACCEPTED.***

I certify that the information given above is accurate and complete.

\_\_\_\_\_  
**Student Signature Date**

***Student Expectations***

High School students taking college courses at Central Carolina Community College will abide by the Student Code of Conduct and all other CCCC Policies and Procedures.

***Release of Information***

I agree as a high school student, regardless of my age, that Central Carolina Community College may release information regarding my enrollment, academic progress, discipline matters or attendance to my parent(s) or legal guardian(s). Please see the CCCC Student Handbook or the Student Information section of the College website for more information regarding student rights and disclosure of directory information under the Family Educational Rights and Privacy Act (FERPA). Parent and Student Certification: I have read, understand, and agree to the above Expectations and Release of Information.

\_\_\_\_\_  
**Student Signature/Date**

\_\_\_\_\_  
**Parent Signature/Date**

\*\*\*\*\*

***Permission for Dual/Concurrent Enrollment***

**Permission is granted for this student to enroll in one or more curriculum courses.**

I certify that this student is:

- (a) at least 14 years of age,
- (b) enrolled at least half-time in high school, and
- (c) making appropriate progress toward graduation.

**It is understood that these courses may not earn College or High School credit and students are not eligible to enroll in remedial courses. Additionally, the high school where the student attends is eligible to participate in the Learn & Earn Online program.**

\_\_\_\_\_  
**Signature of High School Principal/Date**

***HOW TO SUBMIT COMPLETED APPLICATIONS:***

1. MAIL TO: REGISTRAR'S OFFICE, 1105 KELLY DRIVE, SANFORD, NC 27330 OR
2. FAX TO: 919-718-7380, ATTN: LEARN & EARN