



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 or CONTACT: _____

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.

HIGH SCHOOL ADDRESS (Books will be mailed to this address)

I certify that the information given in this document 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 Continuing Education courses may not earn College or High School credit and home school students are not eligible to enroll in remedial courses. Additionally, I certify that the high school where the student attends is eligible to participate in the Learn & Earn Online program. I further certify that textbook costs are assumed should Learn and Earn Online monies be exhausted.

Principal's Name (printed): _____

Signature of Principal/Date

Billing Information & Contact (printed)

_____	_____	_____	_____
Title	First Name	Last Name	Area code & Phone Number
_____	_____	_____	_____
Street Number & Street Address	(Accts Payable)		Box Number (If Applicable)
_____	_____	_____	_____
City	State	Zip Code	School System

HOW TO SUBMIT COMPLETED APPLICATIONS:
1. MAIL TO: REGISTRAR'S OFFICE, 1105 KELLY DRIVE, SANFORD, NC 27330 OR
2. FAX TO: 919-718-7379, ATTN: LEARN & EARN ONLINE