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 STAC
 SHAP
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 XNC2
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 ADSU
 IASU

 Colleague ID



PO Box 188
 Kinston, NC 28502-0188
 Telephone 252-527-6223
www.lenoircc.edu

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 _____ Keyed

**CAREER AND COLLEGE PROMISE
 APPLICATION FOR ADMISSION**
Print in Ink

Legal

Name: _____
 Last First Middle Former

Mailing

Address: _____

City: _____ State: _____ Zip: _____

County of Legal Residence: _____ State: _____ Country: _____

Cell Phone: () _____ Home: () _____

Social Security Number: _____ Gender: _____ Male Birth Date: _____

 _____ Female Age: _____

Ethnicity:

Race: Select one or more of the following racial categories

Are you Hispanic or Latino? _____ AN – American/Alaska Native _____ HP – Hawaiian/Pacific Islander
 ___ YES (HIS) _____ AS – Asian _____ WH – White
 ___ No (NHS) _____ BL – Black or African American

Email Address information requested: _____

Semester to Enroll: ___ Fall ___ Spring ___ Summer _____ Year

Program Number

Program Name

EDUCATIONAL BACKGROUND

High School: _____ City: _____

Last grade completed: _____ Expected year of graduation: _____

ADDITIONAL INFORMATION

Employment:

UN _____ Unemployed – not seeking employment E2 _____ Employed 11 - 20 hours per week
 US _____ Unemployed – seeking employment E3 _____ Employed 21 - 39 hours per week
 E1 _____ Employed 1 – 10 hours per week E4 _____ Employed 40 or more hours per week

I hereby certify that the information I have given is true to the best of my knowledge. I further understand that falsification or failure to supply the correct information may be considered grounds for rejection or dismissal.

 Date

 Applicant's Signature