



Application for Admission

4209 Indiana Avenue, Winston-Salem, NC 27105

Mailing Address: P.O. Box 777, Winston-Salem, NC 27102

For office use only.

Date Received: _____

_____ App. Fee

_____ HS Trans.

_____ Col. Trans.

_____ Col. Trans.

_____ FAFSA

_____ Reference #1

_____ Reference #2

_____ Enrollment Status

_____ Program

- Answer ALL questions completely.

PERSONAL INFORMATION:

Name (Mr / Mrs / Miss): _____ (_____)

Last First Middle Last Maiden

Address: _____

Number & Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

SSN: _____ Date of Birth: _____ Sex: _____

Will you need any special assistance in the classroom? Yes: _____ No: _____

If so, please explain: _____

Will you be applying for financial aid? Yes: _____ No: _____

Will you be applying for veteran benefits? Yes: _____ No: _____

Check the highest grade you have completed: High School: _____ GED: _____ Other: _____

EDUCATIONAL INFORMATION:

Please list all colleges/universities you have attended:

Name of Institution	Location	Dates Attended	Degree Attained	Hours of Credit

Have you ever been denied admission, suspended, or expelled from any college? Yes _____ No _____

If so, please explain: _____

Have you ever been convicted for anything other than a minor traffic violation? Yes _____ No _____

If so, please explain: _____

CHURCH INFORMATION:

Name and address of church where you are a member: _____

