



SOUTHWESTERN COMMUNITY COLLEGE  
 447 College Drive, Sylva, NC 28779  
 828.339.4000 or 800.447.4091  
 www.southwesterncc.edu

FOR ADVISOR USE: <input type="checkbox"/> New	Advisor Initials _____
School: _____	
<input type="checkbox"/> Grade Level: <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
Start Term: _____	
FOR ADMISSIONS USE: Colleague # _____	Date _____ By _____

## MIDDLE SCHOOL and HIGH SCHOOL PROJECT SHIFT APPLICATION

Please print. All fields must be completed. Use black or blue ink only.

**SOCIAL SECURITY #:** \_\_\_\_\_ [\* SCC collects social security numbers from all participants to ensure accurate records for future applications and required federal and state reporting. The College protects and restricts access to this information. A student ID# is assigned to each student.]

**NAME:** \_\_\_\_\_  
 Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
 Street and Number/PO Box City State Zip

**HOME PHONE:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER:**  F  M

**ETHNICITY:** Are you Hispanic or Latino?  Yes  No

**RACE (check one or more):**  American Indian/Alaska Native  Asian  Black or African American  
 Hawaiian/Pacific Islander  White

**HIGH SCHOOL:** \_\_\_\_\_ Specify:  Public  Private  Home

**EXPECTED GRADUATION DATE (MM/YYYY):** \_\_\_\_/\_\_\_\_ Highest Grade Completed:  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>

**STUDENT'S EMPLOYMENT STATUS:**

- Unemployed – Not Seeking a Job
- Unemployed – Seeking a Job
- Employed 1-10 Hrs/wk
- Employed 11-20 Hrs/wk
- Employed 21-39 Hrs/wk
- Employed 40+ Hrs/wk

**EMERGENCY CONTACT:**

Name & Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**FAMILY EDUCATIONAL INFORMATION:**

Indicate highest level of education completed for each parent:

	Father	Mother
Highest Grade Completed	____ (1-12)	____ (1-12)
GED	<input type="checkbox"/>	<input type="checkbox"/>
1-Year Diploma/Certificate	<input type="checkbox"/>	<input type="checkbox"/>
2-Year Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelors Degree	<input type="checkbox"/>	<input type="checkbox"/>
Masters Degree or Higher	<input type="checkbox"/>	<input type="checkbox"/>

**PATHWAY OF INTEREST:** \_\_\_\_\_

**CERTIFICATION OF ACCURACY \* AGREEMENT TO ABIDE BY COLLEGE RULES \* PERMISSION TO USE PHOTOS**

I certify that all the information that I have given in this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Southwestern Community College (SCC). I further agree to allow SCC to publish personal directory information pertaining to honor rolls, scholarships, athletic events, news releases and to use personal directory information and photos in other publications of the college. All students enrolling at SCC shall be deemed to have agreed to publication of personal data and photos as indicated above unless a disclaimer is submitted to the Registrar by the 10th day of the semester in which the initial enrollment is made. I understand that all students enrolled in courses at SCC will have access to SCC services including, but not limited to, counseling, Learning Assistance Center, and tutoring. I authorize release of my SCC progress and grade(s) to my high school. I agree that this application shall remain in force until my graduation from high school, unless rescinded in writing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_