

Wallace Community College
JUMPSTART
Application

Last Name

First Name

Middle Name

Current Mailing Address

City

State

Zip

County

() -

Phone

Email

Student Number: Birthdate:

Graduation Information – Check One:

- ☐ High School Graduate Year of Graduation _____
- ☐ GED Diploma Year of Diploma _____
- ☐ Current High School Student

Sex: ☐ Male ☐ Female

Ethnicity/Race:

- ☐ Black or African American
- ☐ White ☐ Asian ☐ Latino/Hispanic
- ☐ American Indian or Alaska Native
- ☐ Hawaiian or Other Pacific Islander

ACCUPLACER Scores: (if known)

English: Math: Reading: Date:

How did you hear about the JumpStart program?

- ☐ WCC Counselor ☐ High School Counselor ☐ Social Media
- ☐ Other _____

Please Read and Acknowledge:

I understand that by completing this application I am planning to attend Wallace Community College in the Fall of 2017. I am committing to the JumpStart program that will take place July 24-Aug 3. I understand that I must attend the first day of the program and that I cannot miss more than one class meeting. In addition, I understand there will be a \$20.00 fee for this program.

Signature of Student: Date:

Signature of Parent/Guardian: Date:
(if under 18 years of age)

Return completed application to:

Carla Cribbs (Wallace Campus) by July 20, 2017 Email: ccribbs@wallace.edu
Jane French (Sparks Campus) by July 20, 2017 Email: jfrench@wallace.edu

Phone: 334-983-3521 ext. 2502
Phone: 334-687-3543 ext. 4249