

Wallace Community College

JUMPSTART

Application

Last Name

First Name

Middle Name

Current Mailing Address

City

State

Zip

County

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Home Phone

Cell Phone

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:

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 Spring of 2017. I am committing to the JumpStart program that will take place Nov 1-Nov 14. 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:

Hope Gunn (Wallace Campus) by Nov 1, 2016

Email: hgunn@wallace.edu

Phone: 334-983-3521 ext. 2296

Jane French (Sparks Campus) by Nov 1, 2016

Email: jfrench@wallace.edu

Phone: 334-687-3543 ext. 4249