## Wallace Community College *JUMPSTART*

## Application

Current Mailing Address  City  State  Zip  County  Cell Phone  Student Number:  Birthdate:  Graduation Information - Check One: High School Graduate Year of Graduation GED Diploma Year of Diploma Current High School Student  ACCUPLACER Scores:  English:  Math: Reading: Date:  How did you hear about the JumpStart program?  WCC Counselor High School Counselor Other  Please Read and Acknowledge:  Junderstand 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. Junderstand that I must attend the first day of the program and that I cannot miss more than one class meeting. In addition, Junderstand there will be a \$20.00 fee for this program.	Last Name	First Name	Middle Name			
Graduation Information - Check One:	Current Mailing Address	City	State	Zin	County	
Student Number:			١	Z.P	County	
Graduation Information - Check One: High School Graduate Year of Graduation   Ethnicity/Race: GED Diploma Year of Diploma   Black or African American   White   Asian   Latino/Hispanic   American Indian or Alaska Native   Hawaiian or Other Pacific Islander    ACCUPLACER Scores:	`	· · · · · · · · · · · · · · · · · · ·	/	<del>-</del>		_
Graduation Information - Check One: High School Graduate Year of Graduation   Ethnicity/Race: GED Diploma Year of Diploma   Black or African American   White   Asian   Latino/Hispanic   American Indian or Alaska Native   Hawaiian or Other Pacific Islander    ACCUPLACER Scores:						
High School Graduate Year of Graduation   Sex:   Male   Female   F	Student Number:	Bi	rthdate:			
High School Graduate Year of Graduation   Black or African American   Black or African American   Latino/Hispanic   American Indian or Alaska Native   Hawaiian or Other Pacific Islander   Hawaiian or Other Pacific Islander   How did you hear about the JumpStart program?   WCC Counselor   High School Counselor   Social Media   Other   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.	Graduation Informatio	n – Check One:	Sex:	Male	Female	
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Signature of Students	committing to the JumpStart pr	ogram that will take place Nov 1-No	ov 14. I understa	nd that I mu	st attend the	first day of the program
Signature of Student: Date:	Signature of Student:			Da	nte:	
Signature of Parent/Guardian: Date:			Date:			
(if under 18 years of age)	(if under 18 years of age)					
Return completed application to: Hope Gunn (Wallace Campus) by Nov 1, 2016 Fmail: hgunn@wallace.edu Phone: 334-983-3521 ext, 2296		· ·	• •		004-5-	

Email: jfrench@wallace.edu

Phone: 334-687-3543 ext. 4249

Jane French (Sparks Campus) by Nov 1, 2016