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|---|--|--|---------------------------------------|---|-------------------|
| FULL NAME: Please print | | | SOCIAL SECURITY NUMBER/COA ID: | | |
| MAILING ADDRESS: | | | EMAIL ADDRESS: | | |
| CITY: | | STATE: | ZIP CODE: | | TELEPHONE: |
| | | | | HOME _____ | |
| BIRTH DATE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS) | | CELL _____ | |
| | | | | WORK _____ | |
| <input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> WHITE | | <input type="checkbox"/> ASIAN | | QUALIFICATIONS: | |
| <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER | | <input type="checkbox"/> | | <input type="checkbox"/> DARE RESIDENT | |
| HIGHEST EDUCATION LEVEL | | | | <input type="checkbox"/> GRADUATE OF A DARE COUNTY HIGH SCHOOL, PRIVATE OR HOMESCHOOL WITHIN THE LAST 16 MONTHS (print name): | |
| <input type="checkbox"/> HIGH SCHOOL DIPLOMA | | | | _____ | |
| <input type="checkbox"/> VOCATIONAL DIPLOMA OR CERTIFICATE | | | | <input type="checkbox"/> WORKFORCE DEVELOPMENT & CAREER READINESS PROGRAM (print program name): | |
| <input type="checkbox"/> ASSOCIATE DEGREE | | | | _____ | |
| IMPORTANT INFORMATION | | | | | |
| 1 – Students must attend at least 80% of the class hours to receive CEU’s and/or certificates. | | | | | |
| 2 – Some courses, which are identified at the beginning of the class, require a minimum grade of 70 on the final exam in addition to 80% of class attendance. | | | | | |
| 3 – Unofficial transcripts will be forwarded only upon request of the student. | | | | | |
| STUDENT SIGNATURE | | | | DATE | |

| FOR OFFICE USE ONLY | | | | | | | |
|---------------------|-------|---------|--------|------|------|------------|-----------|
| COURSE | SYN # | DATE(S) | DAY(S) | TIME | COST | INSTRUCTOR | BLDG/RM # |
| | | | | | | | |

Check List:
Student Approved:
 YES
 NO

Student Registered:
 YES
 NO

Additional Cost Consideration:
Textbook Costs: _____
Computer Costs: _____
Class Kit Costs: _____

ELIGIBLE FOR DARE GUARANTEED:
COA WORKFORCE DEVELOPMENT REP (please print): _____
COA WORKFORCE DEVELOPMENT REP (please sign): _____

Sponsorship Form in Business Office (signature & date): _____
Received by Foundation (signature & date): _____
Amount to be Awarded: _____

Email form to maggie_may91@albemarle.edu or drop off at COA - Dare.