



CAREER TECHNICAL/HEALTH APPLICATION

PO Box 2000/ 801 Main Street NW Hanceville AL 35077



DUE APRIL 15, 2022, FOR FALL 2022 STUDENTS

(For College Use Only)

Received: ____/____/____
MM DD YYYY

Student Accepted Yes No

****Check application deadline with guidance counselor. Applications received after the deadline will only be considered if space is available. ****

Student Number: _____

Students must complete Wallace State’s online admissions application in order to receive a student number. Admissions application may take up to 48 hours or more to process. <https://www.wallacestate.edu/admissions/apply-online>.

Complete and sign pages 1 - 3 of this application packet and **submit** entire packet with required documents to the **High School Guidance Counselor**. (Attach essay, copy of driver’s license, and test scores) Guidance Counselor will attach current high school transcript.

Incomplete applications will not be considered.

High School Attending: _____ **What Grade are you currently in?** _____

Intended Major or Program of Study: _____

First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ Zip: _____ Home Phone: _ (____) _____

E-Mail Address: _____

Date of Birth (MMDDYYYY): _____ Age: _____ Student’s Cell: _ (____) _____ **Provide information for the parent/guardian(s) you live with:**

Student lives with: Both parents _____ Single parent _____ Parent/Stepparent _____ Spouse _____ Other _____

Parent (Step)Name: _____ Occupation: _____

Email address: _____ Daytime phone: _____

Parent (Step)Name: _____ Occupation: _____

Email address: _____ Daytime phone: _____

It is the policy of the Alabama State Board of Education and Wallace State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, sex, religion, national origin, disability or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.

	Checklist: Applicants Must Include All of the Following Documents with Application
	WSCC Student Number: _____ Complete WSCC online application for admissions. http://www.wallacestate.edu/admissions/apply-online See myWallaceState log in instructions for student number.
	Current Official High School Transcript (Guidance Counselor will Attach)
	Copy of Driver's License
	ACCPLACER Placement Exam or comparable ACT Scores (minimum of 18 in English and 20 in math)
	Essay: 600 words or less, stating reason student is interested in chosen career field and his/her plans for the future.

Parent/Student Signature Required for Application to be Complete

Permission for Access to Educational Records: *(student initials required after each statement)*

I hereby give my permission for the **Dual 2 Degree Program** at Wallace State Community College to have access to any school records to determine eligibility for the program. I authorize Wallace State Community College to release to the high school listed on this application all grades earned in Fast Track classes at Wallace State Community College. _____(initial)

I grant permission for Wallace State Community College representatives to discuss all my student records with the following persons while I am enrolled in WSCC dual enrollment courses _____(initial) (Please check all that apply).

- parents/guardians high school representatives companies with which I receive internships/apprenticeships
This is in compliance with the Family Educational Rights and Privacy Act of 1974, as provided by Public Law 93-380.

I understand that all WSCC dual enrollment grades earned will appear on my permanent college transcript. _____(initial)

Cost of Program:

Dual 2 Degree students are responsible for paying all tuition and fees. A scholarship covering 2 CTDE courses and their supplies will be granted each semester to programs that qualify (see attached list). Additional classes may be approved if funding is available.

WSCC graduation fee may vary each year. Check the WSCC graduation information online for current rate. _____(initial)

Continuous Eligibility:

Students who meet the criteria for initial admissions to a Dual Enrollment for Dual Credit program as specified in the ACCS (Alabama Community College System) Procedure for Dual Enrollment for Dual Credit for High School Students Section 2, will remain in continuous eligibility as long as a grade of "C" or better in all attempted college courses is earned. Students who fail to meet this minimum grade requirement or who withdraw from a course will be suspended from the program for a minimum of one term. The one term suspension may not be served during the summer term. Students will not be eligible for re-enrollment to the Dual 2 Degree program; however, the student may re-enroll as a dual enrollment student after one term suspension has been served. The student must apply for dual enrollment and meet the minimum requirements. Students re-entering as dual enrollment will be responsible for repeated courses, cost of tuition, fees, books, materials, and supplies. _____(initial)

Applicant Signature

Date

Parent/Guardian Signature

Date

Student Name: _____

This survey contains a number of statements or questions about the applicant. Please submit this to a teacher for their evaluation. Your answers will be kept confidential.

<i>Please rate the following from 1 (poor) – and 5 (excellent)</i>		1	2	3	4	5
1. Applicant exhibits good study skills.						
2. Applicant behaves well in class (consider number of disciplinary referrals).						
3. The applicant has a satisfactory attendance record.						
4. Applicant exhibits mature behavior to integrate onto a college campus.						
5. This applicant would benefit from participation in the Fast Track Program.						
6. <i>This student is on track to graduate. (Completed 12 credits at the end of their 10th grade year)</i>	Yes	<u>No</u>		<u> </u>		

7. GPA (on a 4.0 scale): _____ (3.0 GPA requirement)

8. ACT Scores: ENGLISH _____ MATH _____ (The ACCUPLACER placement exam can be submitted in place of ACT scores. All students must submit test scores with application.)

Comments: _____

Counselor Signature: _____ Date Signed: _____

Principal Signature: _____ Date Signed: _____

To be completed by the counselor

GRADUATION REQUIREMENTS CHECK LIST

Student Name: _____

Units passed will have a check in the check box.

REQUIRED COURSES

ENGLISH (Four credits must be passed to graduate.)

9 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5
10 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5
11 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5
12 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5

MATHEMATICS (Four credits must be passed to graduate.)

Please list which courses have been taken and which course(s) are still required.

9 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
10 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
11 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
12 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____

SOCIAL STUDIES AND HISTORY (Four credits must be passed to graduate.)

9 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	World History
10 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	United States History I
11 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	United States History II
12 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	Economics / American Government

SCIENCE (Four credits must be passed to graduate.)

Please list which courses have been taken and which course(s) are still required.

9 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
10 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
11 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____
12 th Grade	(1) <input type="checkbox"/>	0.5	(2) <input type="checkbox"/>	0.5	_____

L.I.F.E. (Lifelong Individualized Fitness Education) (One credit must be passed to graduate.)

(1) 0.5 (2) 0.5

To be completed by the counselor

Graduation Requirement Checklist Cont.

Student Name: _____

HEALTH (½ credit must be passed to graduate.)

(1) 0.5

CAREER PREPAREDNESS (One credit must be passed to graduate.)

(1) 0.5

(2) 0.5

CAREER TECH EDUCATION AND/OR FOREIGN LANGUAGE AND/OR ARTS EDUCATION (Three credits must be passed to graduate. Please list which courses have been taken.)

(1) 0.5 _____

(2) 0.5 _____

(1) 0.5 _____

(2) 0.5 _____

(1) 0.5 _____

(2) 0.5 _____

ELECTIVES (2 ½ credits must be passed to graduate. Please list which courses have been taken.)

(1) 0.5 _____

(2) 0.5 _____

(1) 0.5 _____

(2) 0.5 _____

(1) 0.5 _____

TOTAL NUMBER OF CREDITS EARNED TO DATE: _____

(This number does / does not include credits for the current semester)

****Please attach copy of student's high school transcripts to this form.**

Principal Signature/Date

Counselor Signature/Date