

# CENTRAL CAROLINA TECHNICAL COLLEGE

Serving Clarendon, Kershaw, Lee and Sumter Counties



## Application for Admission

Please print in ink.

Applicant Name \_\_\_\_\_  
(Last) (First) (Middle Initial) (Suffix)

Maiden/Former Names \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (Apt. No.)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(if different from Mailing Address) (Street) (Apt. No.)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please answer the following questions.

A. Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  Male  Female  
Month Day Year

B. Citizenship  
Are you a citizen of the U. S.?  Yes  No  
If no, do you have permanent residency status?  Yes  No  
Please list your country of citizenship: \_\_\_\_\_  
and country of birth: \_\_\_\_\_

C. Race/Ethnic Background  
 Black African American  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Hispanic  
 White Non-Hispanic

D. Are you now or have you been in the Foster Care system of the state of South Carolina?  
 Yes  No

E. Enrollment Plan (Semester you plan to first enroll)  
 Fall  Spring  Summer Year \_\_\_\_\_

F. High School Education Information  
Check your current status and provide appropriate dates(s).  
1.  Diploma  Certificate  Did not complete  
Graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year  
High School: \_\_\_\_\_ State: \_\_\_\_\_  
2.  GED Certificate State \_\_\_\_\_  
Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

G. Prior College Attendance  
List all colleges and universities attended. Official transcripts must be submitted for the evaluation of previous credit.

1. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_

2. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_

3. Institution Name \_\_\_\_\_ State \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year  
Degree earned \_\_\_\_\_

Use an additional sheet if necessary.

H. Are you a veteran of the U. S. Armed Forces?  
 Yes  No

I. Program of Study/Interest  
List specific degree, diploma or certificate programs(s) for which you are applying.  
1) \_\_\_\_\_  
2) \_\_\_\_\_

J. Are you interested in online courses?  
 Yes  No

**Note: You must complete the South Carolina residency declaration on this application! Failure to do so will result in the assessment of Non-South Carolina resident fees. Active duty military and military dependents must also complete the residency declaration.**

Central Carolina Technical College is required under South Carolina Law 59-112 to determine residency classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residency status. Additional information may be requested if further clarification is needed.

**Residency Declaration**

- Are you a South Carolina resident, having resided in South Carolina uninterrupted for the last 12 months?  Yes  No
- Circle your county of residence: Sumter Lee Clarendon Kershaw Other: \_\_\_\_\_
- Were you claimed as a dependent by your Parent(s), Guardian(s), or Spouse on the most recent Federal Income Tax Return?  
 Yes  No *If no, please skip to question 5. If yes, please provide the following information on the person who claimed you.*

Name	Relation	Employer	City, State	*Length of Employment	*Full-time, Part-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*\* If employed in South Carolina less than 12 months, please submit a statement from employer on company letterhead certifying dates and hours per week worked.*

- Address of person(s) listed in question 3:  
 \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Street City State Zip
- Are you registered to vote?  Yes  No *If yes, in what state?* \_\_\_\_\_  
 Are you licensed to drive?  Yes  No *If yes, in what state?* \_\_\_\_\_ DL# \_\_\_\_\_ issued \_\_\_\_\_  
 Is any motor vehicle registered in your name?  Yes  No *If yes, in what state?* \_\_\_\_\_

- Please provide information on your two most recent jobs:  
 Employer: \_\_\_\_\_ State \_\_\_\_\_  FT  PT Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Employer: \_\_\_\_\_ State \_\_\_\_\_  FT  PT Dates: \_\_\_\_\_ to \_\_\_\_\_  
 If employed less than 12 months in South Carolina, please have employer provide a statement on company letterhead, certifying full time employment, dates of employment, and hours worked per week.

- Are you Active Duty Military or a Dependent of Active Duty Military?  Yes  No *If yes, you must submit the CCTC Verification Form with the signature of a representative from your unit stating you are active duty or dependent upon an active duty service member stationed in South Carolina.*

***I hereby certify that all entries on this form are accurate.  
 I understand that any misrepresentation of residency information by me will result in the payment of non-resident fees.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Declaration of Citizenship or Legal Presence in the United States**

The South Carolina Illegal Immigration Reform Act (S. C. Code Ann. §59-101-430 (Westlaw 2008)) prohibits those unlawfully present in the United States from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. By signing this statement, you attest that you are a US citizen, a legal permanent resident in the United States, or an alien lawfully present in the United States. In addition, the college may require you to submit documentation that supports your claim. Any student providing false information may be subject to dismissal from the college. Any student who is found to be unlawfully present in the United States will be dismissed from the college.

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Date of Birth)  
 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

FOR OFFICIAL USE ONLY			
SC Resident _____	4-County Area Resident _____	Non-SC Resident _____	Non-SC Resident paying in-state fees _____
Certifying Person's Signature _____		Date _____	C# _____

**Submit This Application** **OR** **Submit your application to any of our convenient satellite locations:**

**To: Office of Admissions - Main Campus**  
**Central Carolina Technical College**  
**506 N. Guignard Drive**  
**Sumter, SC 29150**

**Shaw Center • 2140 Peach Orchard Road • Sumter, SC 29154**  
**Base Education Office • 398 Shaw Drive, Building 501, Shaw AFB, SC 29152**  
**F.E. DuBose Campus • 3351 Sumter Highway • Manning, SC 29102**  
**Kershaw County Campus • 1125 Little Street • Camden, SC 29020**  
**Lee County Site • 200 N. Main Street • Bishopville, SC 29010**