

**Central Carolina Technical College  
Special Populations Program  
PARTICIPANT INTAKE APPLICATION**

**Section I: General Information (Please Print) Date: \_\_\_\_\_**

Name \_\_\_\_\_ Student ID C \_\_\_\_\_

Street \_\_\_\_\_ H Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ - \_\_\_\_\_

Gender: Male  Female  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: Caucasian  African-American  Native American  Hispanic  Asian/Pacific Islander   
Other  \_\_\_\_\_

Marital Status: Single (never been married)  Married  Divorced  Separated  Widow(er)

# of dependents (list below): \_\_\_\_\_ # in daycare: \_\_\_\_\_ # in after-school care: \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

How did you hear about this program? \_\_\_\_\_

**Section II: Educational Information**

Highest Educational Level: Less than HS  HS Diploma  GED  Some College  Associate Degree

List all degrees, certificates, and/or diplomas received:

\_\_\_\_\_  
\_\_\_\_\_

Current Student Status: Currently Enrolled  New Transfer  Readmit  New Student

Major: \_\_\_\_\_ Full-Time  Part-Time  Day  Evening

Cumulative GPA: \_\_\_\_\_

**Section III: Employment/Income Information**

Employment Status: Full-Time  Part-Time  Seeking Employment  Unemployed

If employed, provide information for current employer(s):

Company Name	Job Title	# of Years
_____	_____	_____
_____	_____	_____

If unemployed, provide requested information below:

*Please return this form to Special Populations Program Coordinator-  
Bldg. 100, Office M5 506 North Guignard Drive, Sumter, SC 29150  
Telephone Number (803)778-6672 Fax: (803)778-6696*

Years as homemaker w/no substantial job outside home: \_\_\_\_\_

Years of paid part-time employment: \_\_\_\_\_ Years of paid full-time employment: \_\_\_\_\_

Approximate gross family income: \$1 - \$5,000  \$5,001 - \$10,000  \$10,001 - \$15,000   
\$15,001 - \$20,000  \$20,001 - \$25,000  \$25,001+

**Indicate approximate income amounts from the sources below, as applicable, per month.**

Employment \_\_\_\_\_ Vocational Rehabilitation \_\_\_\_\_ AFDC \_\_\_\_\_  
Child Support \_\_\_\_\_ Veteran's Benefits \_\_\_\_\_ TANF \_\_\_\_\_  
WIA Grant \_\_\_\_\_ Unemployment \_\_\_\_\_ ABC \_\_\_\_\_  
Social Security \_\_\_\_\_ Pell Grant (per semester) \_\_\_\_\_ Food Stamps \_\_\_\_\_  
Lottery \_\_\_\_\_ Work Study \_\_\_\_\_  
Other \_\_\_\_\_

How many miles (round trip) do you drive from your home to school each day? \_\_\_\_\_ miles

**Section IV: Career Goals and Requested Services**

Briefly describe your career goals (what you would like to be doing five years from now) and how completion of your current program at Central Carolina Technical College can assist you in achieving these goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support Services Requested:**

Child/Dependent Care  Books  Transportation  Tutoring  Career Counseling

Comments: \_\_\_\_\_  
\_\_\_\_\_

The *Special Populations Program* at *Central Carolina Technical College* is funded through the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV).

All of the information on this form is true and complete to the best of my knowledge. Any information which might be used for statistical purposes may contain my name, but will not be released to the general public.

I authorize *Central Carolina Technical College* to consult with and release any pertinent data to support services, prospective employers, and/or training personnel on my behalf.

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

**FOR OFFICE USE ONLY (May be altered by the college as appropriate)**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eligibility:** Economically Disadvantaged (*Students are required to meet eligibility criteria in this category to receive funds.*)

*Check additional groups below as applicable.*

Single Parent (includes single/pregnant) \_\_\_\_\_ Nontraditional \_\_\_\_\_ Disabled \_\_\_\_\_

Displaced Homemaker \_\_\_\_\_ Limited English Proficiency \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_ Childcare \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Perkins Grant Coordinator/Representative