



*APPLICATION FOR
ENROLLMENT*



WELCOME

Are you ready to start an exciting journey as a student of the CCBC Aviation, Health or STEM Academy? To be considered for any of the Academies, please complete this application with required signatures.

AS A STUDENT OF A CCBC ACADEMY, YOU WILL:

- Begin an exciting college education while completing high school.
- Prepare for dynamic, lifelong careers in your field of choice.
- Experience hands-on instruction from caring and dedicated faculty.
- Become more skilled in healthcare, aviation, science, technology, engineering and math.
- Demonstrate responsibility and accountability.
- Acquire skills for effective leadership and lifelong learning.

CCBC ACADEMY COSTS

Beaver County students pay current college tuition rates and fees. Out-of-county students pay 1.5 times the current Beaver County student tuition and fees.

COLLEGE IN HIGH SCHOOL COSTS

Beaver County Residents: \$50 per credit

Out-of-County Residents: \$100 per credit

STEP-BY-STEP ENROLLMENT

1. Meet with your high school counselor.
2. Complete the CCBC Academy application and submit to your high school counselor for enrollment.
3. Schedule a tour or attend a scheduled open house to see the facilities and meet the dean and/or coordinator and faculty.
4. Contact the Dean of High School Academies and Dual Enrollment with any additional questions. **Joyce Cirelli: 724-480-3474**

Upon acceptance to any CCBC High School Academy, you will receive an official acceptance letter. This letter contains important details and information.

NOTES

1. Attendance Policy: Academy students will abide by CCBC's academic calendar, which may differ from their high school calendar.
2. Academic Grades: Parents and students can monitor academic progress throughout the semester by accessing the CCBC Blackboard webpage. Tutoring is provided on request to students requiring additional instruction. To continue in the program, students must pass each semester's courses.

Please contact the Information and Registration Center if you have any questions.

1-800-335-0222 • 724-480-3504 • admissions@ccbc.edu

1 Campus Drive, Monaca, Pennsylvania 15061-2588

According to ACT 73, the College and University Security Information Act, the College will provide upon request information relating to the Safety & Crime statistics on Campus. This information can be obtained from the Security Office, located in the Student Services Center (#1)

EQUAL OPPORTUNITY STATEMENT

Community College of Beaver County does not discriminate in admission or employment on the basis of race, color, religion, sex, disability, veteran's status, age, or national origin. Inquiries may be directed to CCBC's Title IX Coordinator, VP Human Resources, 1 Campus Drive, Monaca PA, 15061, 724-480-3379 or Section 504 Coordinator, VP Student Affairs and Enrollment, 1 Campus Drive, Monaca PA, 15061, 724-480-3423.

For information regarding civil rights or grievance procedures, services, activities, programs and facilities which are accessible to and usable by individuals with disabilities, contact the Vice President of Human Resource Development, Administrative Services Center, 724-480-3364.

PROGRAM OF INTEREST: (PLEASE SELECT ONE)



SOCIAL SECURITY NUMBER		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Your Social Security number is required for financial aid eligibility, scholarships, veterans benefits, and IRS tax reporting purposes. To protect your privacy, it will NOT be used as your student identification number.																	
LAST NAME - FIRST NAME - MIDDLE NAME																				SUFFIX									
Please indicate any change in your last name which may appear on prior records																													
PERMANENT ADDRESS															CITY/TOWN										STATE		ZIP CODE		
COUNTY - FOR PA RESIDENTS ONLY																													
PARENT/GUARDIAN NAME															PERMANENT ADDRESS (IF DIFFERENT)														
PRIMARY PHONE #		AREA CODE		TELEPHONE				E-MAIL ADDRESS																					
SECONDARY PHONE #		AREA CODE		TELEPHONE				BIRTH DATE		Month		Day		Year		GENDER IDENTITY			M			F			Prefer not to disclose				
* ETHNICITY please choose one		<input type="radio"/> HISPANIC / LATINO <input type="radio"/> NOT HISPANIC / LATINO				<input type="radio"/> UNREPORTED																							
* RACE please check all that apply		<input type="radio"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="radio"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				<input type="radio"/> ASIAN <input type="radio"/> WHITE				<input type="radio"/> BLACK OR AFRICAN AMERICAN																			
I AM A CITIZEN OF:										MY CITIZENSHIP STATUS IN THIS COUNTRY IS:																			
										<input type="radio"/> CITIZEN <input type="radio"/> NONRESIDENT ALIEN <input type="radio"/> RESIDENT ALIEN																			

EMERGENCY CONTACT

LAST NAME - FIRST NAME - MIDDLE NAME																				
PRIMARY PHONE #		AREA CODE		TELEPHONE				E-MAIL ADDRESS												
SECONDARY PHONE #		AREA CODE		TELEPHONE				WORK PHONE #		AREA CODE		TELEPHONE				EXTENSION				

ANTICIPATED ENROLLMENT SEMESTER: ☐ FALL (AUG-DEC) ☐ SPRING (JAN- MAY) ANTICIPATED ENROLLMENT YEAR:

ANTICIPATED HIGH SCHOOL GRADUATION DATE:

NAME OF PARTICIPATING HIGH SCHOOL: ☐ JUNIOR ☐ SENIOR

SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ XXL

Please return this page to your high school counselor.

(For Office Use Only) LD.# :

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a U.S. federal statute regulates access to student education records. By signing this waiver I grant permission to personnel of Community College of Beaver County to discuss with my parents/legal guardians or other person(s) I deem appropriate in any and all matters pertaining to my academic record while enrolled in the academy.

STUDENT SIGNATURE

DATE

Name of person granted access (Please print)

Relationship to Student

Date of Birth

Relationship to Student

Date of Birth

DISCLAIMER FOR PARTICIPATION IN ACADEMY

Transcripts will be sent to your attending high school for reverse credit and high school rankings.

PLACEMENT TESTING WAIVER

I do hereby request a waiver of placement testing for this student. I approve this student to participate in all courses required for this academy cohort due to the student's academic preparedness and the ability to benefit from advanced academic course work.

SIGNATURE OF HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

DATE

AGREEMENT

☐ By checking this box, I agree to the academy cohort class sequence and acknowledge I will be registered for each required course; I understand that I am expected to adhere to all student and academic policies of CCBC including, but not limited to, the high school academies and dual enrollment agreement. I understand that any misrepresentation of information in this application may result in the rejection of admission or dismissal. The student has met program requirements and is recommended.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

GUIDANCE COUNSELOR

DATE

PRINCIPAL

DATE

VOLUNTARY AFFIRMATION ACTION INFORMATION SURVEY

With a clear understanding that the completion of these items is on a voluntary basis, we request the following information in compliance with Carl Perkins and Civil Rights legislation. This confidential information survey is used solely by the College Affirmative Action Office for collection and compilation of statistical data as required by state and federal government. Responses do not adversely affect consideration of the applicant in any manner and are not used in an admissions and/or selection process. Information regarding an applicant's age, race, color, national origin, sex and/or disability will be used only in connection with the College's remedial obligations and/or voluntary efforts in compliance with Title VI, Title IX, Section 504, Age Legislation and the ADA.

1. ARE YOU AN INDIVIDUAL WITH A DISABILITY?

* 2. ARE YOU A SINGLE PARENT, INCLUDING A SINGLE PREGNANT WOMAN?

* 3. ARE YOU AN INDIVIDUAL WITH LIMITED ENGLISH PROFICIENCY?*

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

DEFINITIONS:

* The term "individual with limited English proficiency" means one who has limited ability in speaking, reading, writing, or understanding the English language, and-
(A) whose native language is a language other than English; or
(B) who lives in a family or community environment in which a language other than English is the dominant language.

**The term "displaced homemaker" means an individual whom:
(A) (1) has worked primarily without remuneration to care for a home and family, and for that

reason has diminished marketable skills;

(2) has been dependent on the income of another family member but is no longer supported by that income; or

(3) is a parent whose youngest dependent child will become ineligible to receive assistance under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under this title; and

(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.