



Career and College Promise Application*

Social Security Number (Used for Student ID purposes only)			
Last Name		First Name	Middle
Mailing Address			
City	State	Zip Code	Date of Birth
Home Phone		Cell Phone	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Current Grade Level: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Ethnicity: (Please select one)(Optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Race: (Please select all that apply)(Optional) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other _____	
College Educational Goals: (Please select two) <input type="checkbox"/> Transfer credit to college <input type="checkbox"/> Degree, Diploma or Certificate <input type="checkbox"/> Enhance present skills <input type="checkbox"/> Personal enrichment <input type="checkbox"/> Goal unknown		Current Employment Status: (Please select one) <input type="checkbox"/> Unemployed, not seeking employment <input type="checkbox"/> Unemployed, seeking employment <input type="checkbox"/> Employed 1-10 hours/week <input type="checkbox"/> Employed 11-20 hours/week <input type="checkbox"/> Employed 21-39 hours/week <input type="checkbox"/> Employed 40+ hours/week	
High School Completion Information: Please circle the highest level of education your FATHER received: 9 10 11 12 GED AHS Diploma Post High School Vocational Associates (2 year) Bachelors (4 year) Masters or Higher Please circle the highest level of education your MOTHER received: 9 10 11 12 GED AHS Diploma Post High School Vocational Associates (2 year) Bachelors (4 year) Masters or Higher			
High School Name: _____		Projected High School Graduation Date: _____	
Career and College Pathway Name: _____		Pathway Code: _____	
I certify the information on this application is accurate. I agree to abide by the rules, policies, and regulations of CCC. CCC has my permission to release pertinent information on this form to appropriate College staff and other authorized individuals and agencies and, in the event of emergency or illness, my permission to seek appropriate medical assistance. I give permission by the signature below, for my CCP instructors to discuss my educational progress and class participation with my parents or legal guardian. I agree as a high school student, regardless of my age, CCC may release information regarding my enrollment, academic progress, discipline matters or attendance to my high school administration.			
Student Signature _____		Date _____	

* Tuition fees area waived for CCP students, however textbook costs are the student's responsibility. Textbook costs are available by course on our website at: Clevelandcc.edu >> Services for Students >> College Store.