

Welcome to the Caldwell Community College and Technical Institute Career and College Promise High School Programs Application

Thank you for your interest in Caldwell Community College and Technical Institute. Whether you are considering a college transfer pathway or a career and technical education pathway, you are taking a positive step toward building a rewarding and prosperous future. Our primary goal is to make your educational experience as satisfying as possible. If you have questions regarding your application or general questions about our programs and services, please contact your Transition Advisor at the appropriate campus below. We look forward to serving you!

Note: Please mail or email your application and any enrollment related documents (official transcripts and official test scores) to the appropriate Transition Advisor below for the campus you wish to attend.

Caldwell Applied Sciences Academy (CASA)

Attn: Frank Pait, Transition Advisor

CCC&TI - 2855 Hickory Blvd., Hudson, NC 28638 fpait@cccti.edu or fpait@caldwellschools.com

Ph: 828-759-4653

Hibriten High School (HHS)

Attn: Sherry Herman, Transition Advisor 1350 Panther Trail, Lenoir, NC 28645

sherman@cccti.edu or shherman@caldwellschools.com

Ph: 828-758-7376*353

Watauga Innovation Academy

Attn: Bobbie Watson, Transition Advisor 300 Go Pioneers Dr., Boone, NC 28607

bjwatson@cccti.edu or watsonb@wataugaschools.org

Ph: 828-297-2185*5280 or Ph: 828-264-1330

Caldwell Early College High School (CECHS)

Attn: Katelyn Long, Transition Advisor CCC&TI - 2855 Hickory Blvd., Hudson, NC 28638

klong@cccti.edu or klong@caldwellschools.com

Ph: 828-759-4647

South Caldwell High School (SCHS)

Attn: Mitzi Triplett, Transition Advisor 7035 Spartan Dr., Hudson, NC 28638

mftriplett@cccti.edu or mtriplett@caldwellschools.com

Ph: 828-396-2188

West Caldwell Community College (WCHS)

Attn: Josie Varela, Transition Advisor 300 W. Caldwell Dr., Lenoir, NC 28645

<u>ivarela@cccti.edu</u> Ph: 828-758-5586*137

Home Schooled or not a resident of Caldwell or Watauga Counties

Attn: Jeff Link, Executive Director Educational Partnerships CCC&TI – 2855 Hickory Blvd., Hudson, NC 28638 jlink@cccti.edu Ph: 828-726-2606

The college is fully committed to providing a learning and working environment that is free from prohibited discrimination. The college does not practice or condone discrimination based on race, color, national origin, religion, sex, sexual orientation, gender, gender identity or expression, pregnancy, disability, genetic information, age, political affiliation or veterans' status in the administration or in any of its educational programs, activities and employment practices.

The college's Title IX Coordinator has oversight responsibility for handling sexual harassment complaints and for identifying and addressing any patterns and/or systemic problems involving sexual discrimination or harassment. All allegations involving sexual harassment should be directed to the college's Title IX Coordinator or one of the Deputy Coordinators listed Below:

Randy Ledford, Title IX Coordinator

Caldwell Campus H-Building, Room 124 Phone: 828-726-2241 Email: rlledford@cccti.edu Rose Moon
Caldwell Campus
A-Building, Room 121
Phone: 828-726-2269
Email: rmoon@cccti.edu

Dr. Kim Van Wie Watauga Campus W-460, Room 101

Phone: 828- 297-2185 Ext. 5206 Email: kvanwie@cccti.edu



Caldwell Community College and Technical Institute Career and College Promise High School Programs

Application for Admission

Mail or submit to:

Caldwell Campus Admissions

Watauga Campus Admissions

2855 Hickory Boulevard · Hudson, North Carolina 28638 (828) 726-2200 www.cccti.edu

Post Office Box 3318 · Boone, North Carolina 28607 (828) 297-2185 or Watauga High School (828) 264-1330

Please print. Answer all questions completely. Use legal name only.

Personal Information					
			Office Use Only		
Social Security Number	er				
			Program Code		
Expected Date of Entrance: Yo					
/		_/	_/		
Legal Name: (Last)	(First)	(Middle)	(Former)		
Mailing Address: Number, Street, Route, Box Number		City, State, Zip Code	County		
			/		
Home Phone Number	Work Phone Number	Cellular Phone Number	Date of Birth*		
Do you consider yourself Hispanic / Latino?					
Select one or more of the following racial categories: American / Alaska Native (AN) Asian (AS) Black or African American (BL)			Name and Relationship		
Hawaiian / Pacific Islar	nder (HP) 🗖 White (WH)		Work Phone		
0	1 .				
Gender*: ☐ Male ☐ Fer	naie		Home Phone		
*Information will not be used in a discriminatory manner; for record keeping purposes only					
Education Goals					
Education Goals: (Check one Only) To obtain an Associate Degree, Diploma or Certificate To enhance my job skills in my present field of work To enhance my employment skills for a new field of work (EN) To take courses to transfer to another college (TR) To take courses for personal enrichment or interest (PE)					
Enrollment Information					
I Plan to Attend: ☐ Day	Evening	☐ Caldwell Campus (Hudson, NC)☐ Watauga Campus (Boone, NC)			

Educa	tion Informa	tion	
High School Attending			/
School Name	Location (City	and State)	(month) (year) Anticipated Graduation Date
Student Employment Status: (Check One) ☐ (UN) Unemployed-Not seeking employment ☐ (E1) Employed 1-10 hours per week ☐ (E3) Employed 21-39 hours per week	🗖 (E2) Empl	mployed-Seeking en oyed 11-20 hours po oyed 40 or more ho	er week
Parent Educational Level: Has either of your paren	ts completed a f	our year degree?	□ Yes □ No
Student Educational Level: (Mark the appropriate l	evel you have C	OMPLETED) 🗖 8	9 10 11 12
Spec	ial Informati	on	
Accommodations are available for qualified studen (Caldwell), or 828-297-3811 (Watauga).			mation, call 828-726-2716
Students must meet course prerequisites as evidenced by satisfa	actory placement te	st scores, SAT/ACT score	s or previous college coursework.
Student Informa	ation Releas	e Permission	
I hereby give permission to release all grades and edu	ıcational informa	tion to the individuals	and high school listed below:
Please list full name and relationship to student		Please list full name	and relationship to student
Student Transportation Release I will be responsible for providing my own transporta schools. I accept full responsibility for my action to and school system responsible for any accident, injury or or the school system.	d from the colleg	e and will not hold Ca	
Accident Insurance Accident insurance is available for all Caldwell Costudents are in class, but not while traveling to and frooptional.		-	• •
· The Student applicant and parent/guardian must o	check appropri	ate option below.	
I want to purchase the accident insurance availabl made through the college Business Office.	le through Caldv	vell Community Colle	ge. Purchase must be
I waive the right to purchase accident insurance as while I am a student at Caldwell Community Colle		onsibility for all medic	cal costs incurred by me
I certify that the information on this application is of Caldwell Community College and Technical Ins			
Signature of Applicant	Date	Signature of Parent or	Guardian (if applicant is under 18)

Caldwell Community College and Technical Institute is an equal opportunity educator and employer.