



ANC Early College Program Admission Application

(870) 762-1020
www.anc.edu
2501 South Division
P.O. Box 1109
Blytheville, AR 72316

Please complete and print in blue or black ink

Enrollment Term: Fall ___ Spring ___ Summer ___

Student Information

Social Security #: _____ - _____ - _____ Birthdate: _____ / _____ / _____

Legal Name (as on SS card): _____ Did either of your parents earn a 4-year degree? Yes No

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

May we contact you by email, if yes, e-mail address: _____

Emergency Contact Name: _____ Phone #: _____

Gender/Ethnicity/Race*

Gender: Male Female

Ethnicity: Do you consider yourself Hispanic or Latino? Yes No

Race: (Check all that apply):

American Indian/Alaskan Native

Asian/Pacific Islander

Black/African American

Native Hawaiian/Pacific Islander

White

Other (specify): _____

*Voluntary information to be used in a nondiscriminatory manner with applicable civil rights laws for reporting and statistical purposes only and cannot affect your admissions eligibility.

Educational Background

Name of High School: _____ Graduation Month/Year: _____

City: _____ State: _____

Residency Information

Are you a legal resident of Mississippi County, living in county **6 months prior** to the date of this application?

Yes No If no, what State: _____ County: _____

Citizenship: US Citizen Non-Resident Alien

Country: _____ Visa Type: _____ Exp. Date: _____

Resident Alien (Immigrant)

Country: _____ Card #: _____ Date Issued: _____

Selective Service Status (in compliance with Arkansas Act 228 of 1997)

I am Female

I am registered with selective service

Exempted resident alien

I am under 18 years of age

I am 26 years of age or older

Other (specify): _____

ANC is committed to providing all students equal access to its educational opportunities. If you have a disability, please contact Student Services (870) 762-3180 for assistance. To allow us to anticipate your special needs, contact us prior to arrival.

Title IX & affirmative action issues should be addressed to:

Tabatha Hampton, Coordinator, Human Resources & ADA

P.O. Box 1109, Blytheville, AR 72316, (870) 762-3121, thampton@smail.anc.edu

I certify that none of the information on this form is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or continuation at Arkansas Northeastern College.

Student Signature: _____ Social Security #: _____ Date: _____

Office Use Only:

ID#: _____ Submitted by: _____ Received by: _____

Note: _____ Date: _____ Block 1: _____ Block 2: _____ ANCTC Program of Study: _____