



ANC Early College Program Admission Application 2017-2018

(870) 780-1200
www.anc.edu
2501 South Division
P.O. Box 1109
Blytheville, AR 72316

Please complete and print in black ink

Enrollment Term: Fall Spring Summer

Nucor Diploma²

Student Information

Social Security #: _____ - _____ - _____ Birthdate: _____ / _____ / _____
Legal Name (as on SS card): _____ Other Name: _____
Mailing Address: _____ Auto Tag #: _____
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 AR County of Residence: _____
 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 Blythe Gillen at (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: James McClain, Vice President for Student Affairs/Information Technology
P.O. Box 1109, Blytheville, AR 72316, (870) 762-1020, jmclclain@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: _____ Date: _____
ANC Email (Ruby): _____ eLearning Reg.: _____ Note: _____