

IMPORTANT:
All sections of this application **MUST** be completed. *Incomplete applications will NOT be accepted.*

APPLICATION FOR HIGH SCHOOL STUDENTS

FOR OFFICE USE ONLY:
900 _____
Initials _____
Date Entered _____



ALBANY
Technical College

A Unit of The Technical College System of Georgia

1704 South Slaphey Blvd.
Albany, Georgia 31701
877.261.3113
229.430.3500

www.albanytech.edu

SECTION 1: PERSONAL INFORMATION

Legal Name _____ Any Other Name Used Before _____
 Mailing Address _____ County of Residence _____
 Physical Address (if different from mailing address) _____
 City _____ State _____ Zip Code _____ Date of Birth (month/day/year) ____/____/____
 Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
 Emergency Contact _____ Phone (____) _____
 Email Address _____
 Social Security Number (Your Social Security number is requested for purposes of administration, program evaluation and consumer and alumni data. If you do not wish to provide, it will not affect your admission.) _____

SECTION 2: STATISTICAL INFORMATION (This information is for statistical reporting only and will not be used as a basis for admission.)

Gender: MALE FEMALE Are you Hispanic/Latino? YES NO
 Please select one or more: American Indian (1) Asian (2) Black or African American (3)
 Native Hawaiian or other Pacific Islander (4) White (5)
 Are you active in the Armed Forces? YES NO If so, what branch? _____
 Are you the dependent/spouse of an active member of the armed forces? YES NO If so, what branch? _____
 Are you a veteran in the Armed Forces? YES NO If so, what branch? _____
 Are you the dependent/spouse of a veteran of the armed forces? YES NO If so, what branch? _____
 Are you a Reservist? YES NO If so, what branch? _____
 Are you the dependent/spouse fo a Reservist? YES NO If so, what branch? _____
 Did either your mother or father graduate from college? YES NO

SECTION 3: RESIDENCY INFORMATION (Failure to answer the questions below may result in the inaccurate assessment of tuition. Acceptable documentation and written appeal to the Office of Admissions is required to change residency status.)

Are you a United States citizen: YES NO If no, what Visa type _____ and/or Resident Alien Number A _____
 Are you under 24 years of age: YES NO
 If yes → Did your parent(s) or legal guardian claim you on their most recent tax return: YES NO
 If yes → What is the state of legal residence of the parent(s) or legal guardian who claimed you? _____
 Has that parent or legal guardian lived in that state for the last 12 consecutive months? YES NO

SECTION 4: STUDENT TYPE/PROGRAM OF STUDY INFORMATION

Student Status (Check one): DUAL (Students attend class during their high school class day. HOPE grant covers tuition, fees and most costs.) JOINT (Students attend class after their high school class day. HOPE grant covers tuition, fees and most costs.) ACCEL (Students take Associate degree classes. ACCEL program covers most costs. There are academic requirements for participation.)
 Program of Study/Major _____
 Do you plan to graduate from your program of study? YES NO Preferred Schedule: DAY EVENING FULL-TIME PART-TIME
 Type of Credential you are seeking (Check one): TECHNICAL CERTIFICATE OF CREDIT DIPLOMA ASSOCIATE OF APPLIED SCIENCE DEGREE
 Term you wish to enter Fall Spring Summer Year _____

SECTION 5: EDUCATIONAL INFORMATION

Name of High School _____ Anticipated Graduation Date _____
 Current Grade Level: SOPHOMORE (10th) JUNIOR (11th) SENIOR (12th)

Would you like to receive any information on services for: Displaced Homemaker Single Parent Limited English Proficiency Services
 Single Parent Services GED/Adult Education Peer Tutorial Services

For more information on Disability Services, contact Regina Watts, Special Needs Coordinator, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.2854 or rwatts@albanytech.edu

Please initial each of the following:

- I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal.
- I understand that an official copy of my High School transcript or GED scores must be provided at the time of application or prior to graduation from ATC.
- I agree to abide by policies and procedures outlined in the ATC Student Handbook. I understand that I will receive the student handbook when I attend the mandatory new student orientation session.
- All materials submitted for application become the property of Albany Technical College and will not be returned to the applicant.
- I give permission for my likeness, voice, or comments to be used in any promotional item on behalf of ATC, a unit of the Technical College System of Georgia.
- I give permission for ATC to release information to potential employers or other entities as outlined in the college catalog.
- I understand ATC is not liable for any emergency medical attention provided nor for charges incurred from such.
- I give ATC permission to contact me at the telephone numbers I have provided via any means, including text message or voice.

Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in your dismissal from the College.

My signature on this application signifies that all information provided on this application is accurate and correct.

Student's Signature _____ Date _____

High School Counselor PRINTED Name _____

High School Counselor Signature _____ Date _____

CTAE Supervisor PRINTED Name _____

CTAE Supervisor Signature _____ Date _____

As set forth in its student catalog, Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies. Title IX of the Education Amendments prohibits discrimination on the basis of sex in education programs or activities and also covers employment and admission to institutions that receive federal financial assistance. For more information on Title IX, contact Kathy Skates, Vice President of Administration, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.3524 or kskates@albanytech.edu.

In accordance with Section 504, no qualified individuals with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives Federal financial assistance or is conducted by an Executive agency or the United States Postal Service. For more information on Section 504, contact Regina Watts, Special Needs Coordinator, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.2854 or rwatts@albanytech.edu

**** All information provided on this application is subject to change without notice ****

*An individual who wishes to acquire this publication in an alternative format should call 229.430.3500.