

Fayetteville Technical Community College

Cumberland GROW Initiative Student Application

Name:	
Address:	Apt./Unit #:
City	State: Zip Code:
Mailing Address: (If different)	
Home Phone Number: ()	Cell Phone: ()
Email Address:	
Birth Date: / / Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er	
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College/Tech Degree	
Primary Language: (Circle) English Spanish Other Need Interpreter: Yes or No	
Current Needs: Circle Employment Cont' Education Drivers License Vocational Training Housing Food & Nutrition GED/Highschool diploma Transportation Child Care Other: _____	
Who referred you to us? Southern CC, Inc.	
Do you have a history of substance and or alcohol usage? Yes or No If yes, do you participate in treatment, i.e. (behavior therapy Counseling Medication treatment Other) please explain: _____ _____	
Do you have a history of Mental illness? Yes or No If yes, do you participate in treatment, i.e. (Behavior Therapy Counseling Medication Treatment Other) please explain: _____ _____	
I certify that all information provided herein is true to the best of my knowledge. I am aware that I may be denied assistance if I do not pass drug screen. I allow release of information contained herein for the purpose of verification of my situation.	
Applicant's Signature _____	Date _____

Students with disabilities:

Any student wishing to request academic accommodations due to a disability must make their request to the Office of Disability Support Services. Requests can be made at any time, but should be made within a reasonable time period for coordinating accommodations. (910) 678-8349