GTCC
GUILFORD TECHNICAL COMMUNITY COLLEGE

Greensboro and High Point Campuses
3505 E. Wendover Avenue
901 S. Main Street
(336) 334-4822, ext. 53120
tjjones6@gtcc.edu

BASIC SKILLS PLUS CAREER PATHWAY APPLICATION

Please print. All fields must be completed. Use black or blue ink only.

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Street and Number/PO Box

HOME PHONE: (_____) _____ -_____ **CELL PHONE**: (_____) _____ -_____

BIRTH DATE: _____ / _____ / _____ **GENDER**: ☐ F ☐ M

ETHNICITY: Are you Hispanic or Latino? ☐ Yes ☐ No

RACE (check one or more): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Hawaiian/Pacific Islander ☐ White ☐ Other

STUDENT'S EMPLOYMENT STATUS:
☐ Unemployed – Not Seeking a Job ☐ Unemployed – Seeking a Job ☐ Employed 1–10 Hrs/wk
☐ Employed 11 – 20 Hrs/wk ☐ Employed 21 – 39 Hrs/wk ☐ Employed 40 + Hrs/wk

EMERGENCY CONTACT:
Name & Relationship: _____
Phone Number: _____

FAMILY EDUCATIONAL INFORMATION:
Indicate highest level of education completed for each parent:

	Father	Mother
Highest Grade Completed	_____ (1 – 12)	_____ (1 – 12)
GED	☐	☐
1 - Year Diploma/Certificate	☐	☐
2 - Year Associates Degree	☐	☐
Bachelors Degree	☐	☐
Masters Degree or Higher	☐	☐

EMAIL:
_____

TYPE OF STUDENT: ☐ Day ☐ Night ☐ Full-time ☐ Part-time

PREFERRED CLASS LOCATION:
_____

PROGRAM OF INTEREST: _____

STUDENT ACKNOWLEDMENT STATEMENT: By signing this document I acknowledge that I understand that the Basic Skills Plus program requires that I maintain simultaneous required attendance in Adult Education classes and the career pathway course. Failure to maintain required attendance will result in me being dropped from the program and/or I may be required to pay fees associated with registration and other costs for the career pathway training.

Signature of Applicant _____ Date _____
Signature of Parent/Legal Guardian: _____ Date _____