



White  
Mountains  
Community College

WHITE MOUNTAINS COMMUNITY COLLEGE  
2020 Riverside Drive, Berlin, NH 03570  
(603) 752-1113 OR 1-800-445-4525  
wmcc@ccsnh.edu  
wmcc.edu

## **APPLICATION FOR ADMISSION**

### **DIRECTIONS AND INFORMATION FOR THE APPLICANT**

1. Be sure to read and complete all four pages of this application.
2. Please type or print all responses on the application in ink. A \$20 non-refundable application fee must accompany the completed application form. Mail your check or money order, payable to 'White Mountains Community College', with completed application to the Admissions Office at WMCC.
3. If you are currently attending high school, deliver this completed, signed application to your high school counselor, who will attach an official copy of your transcript and send both to us. If you are not currently in high school, send the completed, signed application to us directly. Request your former high school send an official copy of your transcript directly to the college.
4. **TRANSFER APPLICANTS:** Submit the application. Request your prior institutions, including high school, to send an official copy of your transcript directly to the college.
5. Participation in a testing program may be required and a fee charged.
6. **VETERANS:** Veterans must submit a legible copy of their DD214 with the application and notify the Veterans Administration of their intention to enroll.

### **NOTICE OF NON-DISCRIMINATION**

White Mountains Community College does not discriminate on the basis of race, color, religion, age, sex, veteran status, handicap, national origin, or sexual orientation in its admissions, treatment or access to, or employment in its programs and activities.

Inquiries regarding discrimination should be made to Carol Ribner, WMCC, 2020 Riverside Drive, Berlin, NH 03570; to the Human Resources Administrator, Community College System of New Hampshire; or to the Director, Office For Civil Rights, Department of Education, Boston, MA.

# APPLICATION FORM

## PERSONAL DATA

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal law requires that White Mountains Community College collect names and corresponding social security numbers for all students attending the college. The college is required by the Internal Revenue Code to produce a 1098-T tax form (26 U.S.C.A. Section 6050 or Federal Register, Vol. 67, No. 2244, page 777686 (ii) which requires the college to report the names and social security numbers of all students taking credit-bearing courses. Please note, however, that the college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List other names used on school records \_\_\_\_\_

MAILING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN ONE YEAR: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

TELEPHONE: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

OPTIONAL:  Male  Female

Are you a U.S. Citizen?  Yes  No If NO, are you a U.S. permanent resident?  Yes  No

Country of Citizenship \_\_\_\_\_ Current Visa Status \_\_\_\_\_

**EMERGENCY CONTACT** – Please indicate the person who should be contacted in an emergency.

NAME: Last \_\_\_\_\_ First \_\_\_\_\_

RELATIONSHIP:  Parent  Guardian  Spouse  Other \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

TELEPHONE: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## SERVICES

If you would like to receive printed information on services for students with disabilities, please contact the Academic Support Center at 800-445-4525.

Are you eligible for National Guard Educational Assistance Programs?  Yes  No

Are you a former/current Running Start student?  Yes  No

Are you a former/current JAG student?  Yes  No

## VETERANS

Are you eligible for Veterans Educational Benefits?  Yes  No

Are you applying for Survivors' & Dependents' of Veterans Educational Assistance?  Yes  No



**RESIDENCE INFORMATION**

**NEW HAMPSHIRE RESIDENCY**

Month and Year student moved to New Hampshire \_\_\_\_\_  
Month Year

I have always lived in New Hampshire

**NEW ENGLAND REGIONAL STUDENT PROGRAM (NERSP) APPLICANTS**

The New England Regional Student Program enables a resident of a New England state to enroll in a public college or university in the six state region at reduced rates for certain degree programs if:

- The program is not available in the home state public institutions; and/or
- The out-of-state public institution is nearer to the student's residence than the in-state institution that offers a similar program.

**For New England residents who wish to be considered for NERSP:**

I am a resident of \_\_\_\_\_  
Town/City State

and request to be considered for NERSP.

I am applying for \_\_\_\_\_  
Major

**TO BE SIGNED BY ALL APPLICANTS**

The information provided by the applicant on this admission application form shall be held confidential to the extent determined by Federal law and college policy. White Mountains Community College reserves the right to deny admission to any applicant who, in the judgment of college officials, does not qualify for admission. The college also reserves the right to require withdrawal of any student who does not satisfy the ideals of citizenship, character or scholarship.

In accordance with the terms and conditions set forth in its publications, and if accepted, I agree to abide by the rules and regulations set forth in the publications and in the Student Handbook. I also agree that the college has permission to use any college-sponsored pictures in which my likeness appears.

**I certify that I have read and agree with the above, and that all information provided herein is true and complete.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Legal Guardian  
(if student is under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
Action	_____			Date	_____
Residency	IS	OS	NERSP		