

PO Box 2000/ 801 Main Street NW Hanceville AL 35077



DUE APRIL 15, 2022, FOR FALL 2022 STUDENTS

(For College Use Only)

Received: ____/___/____ MM DD YYYY Student Accepted 🗆 Yes 🗆 No

Check application deadline with guidance counselor. Applications received after the deadline will only be considered if space is available. ** Complete and sign pages 1 - 3 of this application packet and **submit entire packet with required documents to the **High School Guidance Counselor**. (Attach essay, copy of driver's license, and test scores) Guidance Counselor will attach current high school transcript.

Incomplete applications will not be considered.

Student Number: ___

Students must complete Wallace State's online admissions application in order to receive a student number. Admissions application may take up to 48 hours or more to process. <u>https://www.wallacestate.edu/admissions/apply-online</u>.

High School Attending:		What Grade are you	u currently in?
Intended Major or Program of Study:			
First Name:	MI:	Last:	
Address:			
City:	Zip:	Home Phone:	_ ()
E-Mail Address:			
Date of Birth (MMDDYYY):	Age: S	itudent's Cell: _ ()
Provide information for the parent/guardia	an(s) you live with:		
Student lives with: Both parents Sing	le parent Pare	ent/Stepparent	Spouse Other
Parent (Step)Name:		_ Occupation:	
Email address:		Daytime phone: _	
Parent (Step)Name:		Occupation:	
Email address:		Daytime phone: _	

It is the policy of the Alabama State Board of Education and Wallace State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, sex, religion, national origin, disability or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.

Checklist: Applicants Must Include All of the Following Documents with Application
WSCC Student Number:
Complete WSCC online application for admissions. http://www.wallacestate.edu/admissions/apply-online See myWallaceStat
log in instructions for student number.
Current Official High School Transcript (Guidance Counselor will Attach)
Copy of Driver's License
ACCPLACER Placement Exam or comparable ACT Scores (minimum of 18 in English and 20 in math)
Essay: 600 words or less, stating reason student is interested in chosen career field and his/her plans for the future.
Parent/Student Signature Required for Application to be Complete

Permission for Access to Educational Records: (student initials required after each statement)

I hereby give my permission for the **Fast Track Program** at Wallace State Community College to have access to any school records to determine eligibility for the program. I authorize Wallace State Community College to release to the high school listed on this application all grades earned in Fast Track classes at Wallace State Community College. _____(initial)

I grant permission for Wallace State Community College representatives to discuss all my student records with the following persons while I am enrolled in Fast Track dual enrollment courses ______(initial) (Please check all that apply). □ parents/guardians □ high school representatives □ companies with which I receive internships/apprenticeships This is in compliance with the Family Educational Rights and Privacy Act of 1974, as provided by Public Law 93-380.

I understand that all Fast Track dual enrollment grades earned will appear on my permanent college transcript. _____(initial)

Cost of Program:

Fast Track Academy students are responsible for paying all tuition and fees. A scholarship will be provided for FTA students to purchase textbooks, lab manuals, access code, etc.at the bookstore. Any amount exceeding the scholarship will be the responsibility of the student.

Wallace State was selected to participate in an experimental pilot program for Federal Pell Grants. The experimental pilot program is limited to Alabama public high school students in the WSCC service area. Qualified students will be able to use Pell Grant funds. We recommend Fast Track Academy Students complete a FAFSA to minimize cost.

WSCC graduation fee may vary each year. Check the WSCC graduation information online for current rate. _____(initial)

Continuous Eligibility:

Students who meet the criteria for initial admissions to a Dual Enrollment for Dual Credit program as specified in the ACCS (Alabama Community College System) Procedure for Dual Enrollment for Dual Credit for High School Students Section 2, will remain in continuous eligibility as long as a grade of "C" or better in all attempted college courses is earned. Students who fail to meet this minimum grade requirement or who withdraw from a course will be suspended from the program for a minimum of one term. The one term suspension may not be served during the summer term. Students will not be eligible for re-enrollment to the Fast Track Academy program; however, the student may re-enroll as a dual enrollment student after one term suspension has been served. The student must apply for dual enrollment and meet the minimum requirements. Students re-entering as dual enrollment will be responsible for repeated courses, cost of tuition, fees, books, materials, and supplies. ______(initial)

Applicant Signature

Date

Parent/Guardian Signature

Date

Statement of Understanding

I understand that my student/students who are enrolled in the FTA may still participate in their high school's extracurricular activities, including but not limited to athletics, band, and student organizations as long as scheduling permits. All FTA students are on general studies track at WSCC and can change their majors when they transfer schools. Student schedules will be pre-determined based on the intended program of study and the Alabama high school graduation requirements. Online courses will not be available to FTA students unless it is the only course option available. WSCC Fast Track Academy will make every effort to schedule courses between 8:00 a.m. - 3:30 p.m. Monday - Thursday with exceptions to students who need college courses that are not offered during this time. FTA juniors and seniors will take a minimum of two classes per semester with their FTA cohorts on the Fast Track 6th floor, JBC and the remainder will be with the college population. Two hours per week in the Study Lab is required. Class attendance is necessary. Excessive absences will be reported to the high school. Students who plan to graduate high school early will not be eligible for FTA; however, the student may take dual enrollment courses at the high school or on the WSCC campus with permission of the high school. Students graduating early must follow the recommendations of the high school guidance counselor to assure student has the required credits to graduate high school.

By participating in FTA, students are considered college students and may be in classes and exposed to content that is at a college level.

• By signing below, I acknowledge that I have read and understand the statements above. A statement of understanding is required for a complete application for Fast Track Academy.

Parent Signature:	Date:	
Student Signature:	Date:	

School Recommendation

Student Name: ______

This survey contains a number of statements or questions about the applicant. Please submit this to a teacher for their evaluation. Your answers will be kept confidential.

Ple	ase rate the following from 1 (poor) – and 5 (excellent)	1	2	3	4	5
1. 2. 3. 4. 5.	Applicant exhibits good study skills. Applicant behaves well in class (consider number of disciplinary referrals). The applicant has a satisfactory attendance record. Applicant exhibits mature behavior to integrate onto a college campus. This applicant would benefit from participation in the Fast Track Program.					
6.	This student is on track to graduate. (Completed 12 credits at the end of their 10th grade year)	Yes	<u> </u>	No		

- 7. GPA (on a 4.0 scale): _____ (3.0 GPA requirement)
- 8. ACT Scores: ENGLISH _____ MATH _____ (The ACCUPLACER placement exam can be submitted in place of ACT scores. All students must submit test scores with application.)

Comments:	
Counselor Signature:	Date Signed:
Principal Signature:	Date Signed:

To be completed by the counselor

GRADUATION REQUIREMENTS CHECK LIST

STUDENT NAME: ______

Units passed will have a check in the check box.

REQUIRED COURSES

ENGLISH (Four credits must be passed to graduate.)

9 th Grade	(1)0.5	(2)0.5
10 th Grade	(1)0.5	(2)0.5
11 th Grade	(1)0.5	(2)0.5
12 th Grade	(1)0.5	(2)0.5

MATHEMATICS (Four credits must be passed to graduate. Please list which courses have been taken and which course(s) are still required.)

9 th Grade	(1)0.5	(2)0.5	
10 th Grade	(1)0.5	(2)0.5	
11 th Grade	(1)0.5	(2)0.5	
12 th Grade	(1)0.5	(2)0.5	

SOCIAL STUDIES AND HISTORY (Four credits must be passed to graduate.)

9 th Grade	(1)0.5	(2)0.5	World History
10 th Grade	(1)0.5	(2)0.5	United States History I
11 th Grade	(1)0.5	(2)0.5	United States History II
12 th Grade	(1)0.5	(2)0.5	Economics / American Government

<u>SCIENCE</u> (Four credits must be passed to graduate. <u>Please list which courses have been taken and which course(s) are still required</u>.)

(1)0.5	(2)0.5	
(1) 0.5	(2) 0.5	
(1) 0.5	(2) 0.5	
(1) 0.5	(2) 0.5	
	(1)0.5 (1)0.5	(1) 0.5 (2) 0.5 (1) 0.5 (2) 0.5

L.I.F.E. (Lifelong Individualized Fitness Education) (One credit must be passed to graduate.)

(1) 0.5 (2) 0.5	(1)	0.5	(2)	0.5
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To be completed by the counselor

Graduation Requirement Checklist Cont.

Student Name: _____

HEALTH (1/2 credit must be passed to graduate.)

(1) 0.5

<u>CAREER PREPAREDNESS</u> (One credit must be passed to graduate.)

(1) 0.5 (2) 0.5

CAREER TECH EDUCATION AND/OR FOREIGN LANGUAGE AND/OR ARTS EDUCATION

(Three credits must be passed to graduate. Please list which courses have been taken.)

(1) 0.5	(2) 0.5
(1) 0.5	(2) 0.5
(1) 0.5	(2) 0.5

ELECTIVES (2 1/2 credits must be passed to graduate. Please list which courses have been taken.)

(1)0.5	
(1) 0.5	
(1) 0.5	

(2) 0.5	
(2) 0.5	

TOTAL NUMBER OF CREDITS EARNED TO DATE: _____

(This number does / does not include credits for the current semester)

**Please attach copy of student's high school transcripts to this form.

Principal Signature/Date

Counselor Signature/Date