

# HIGH SCHOOL DIPLOMA COMPLETION INITIATIVE

## APPLICATION FORM

Please complete and return this application when you attend the informational meeting. For questions call 517-483-9707.

DATE OF BIRTH                      LAST NAME                      FIRST NAME                      MIDDLE NAME

STREET ADDRESS                      CITY                      STATE                      ZIP

STUDENT (CELL) PHONE NUMBER                      PARENT/GUARDIAN PHONE NUMBER

STUDENT EMAIL                      PARENT/GUARDIAN EMAIL

LAST HIGH SCHOOL ATTENDED

ARE YOU CURRENTLY 'DROPPED OUT' OF SCHOOL?     YES     NO    LAST DATE ATTENDED HIGH SCHOOL    /    /

EDUCATION GOAL                       High School Diploma                       Certificate of Achievement                       Certificate of Completion  
 (Choose all that apply)                       Associate Degree                       Transfer to Four-Year School

HOW MANY HOURS PER WEEK DO YOU PLAN TO WORK WHILE IN HSDCI?                       Not Working                       1-20 Hours/Week  
 21-40 Hours/Week                       More Than 40 Hours/Week

PARENT'S HIGHEST EDUCATIONAL LEVEL\*                      Parent 1                       High School                       Two-Year College                       Four-Year College                       Graduate Degree  
 Parent 2                       High School                       Two-Year College                       Four-Year College                       Graduate Degree

ETHNIC BACKGROUND\*                       American Indian or Alaska Native                       Hispanic or Latino (All Other Races)                       Other  
 Asian                       Hispanic or Latino (White)                       White  
 Black or African American                       Native Hawaiian or Pacific Islander

CITIZENSHIP                       U.S. Citizen                       Permanent/Resident                       Refugee, Immigrant, Political Asylum                      GENDER\*                       Female                       Male

\* The information requested in this box is VOLUNTARY and will be held in confidence. This information is needed for summary reports and will not be used as a factor in the admissions process. Lansing Community College complies with all federal and state requirements, which include collecting this information. Failure to respond will not result in any negative action against you.

The above information is correct and complete to the best of my knowledge.  
 Parent/Guardian signature is required if student is under 18:

STUDENT SIGNATURE                      DATE

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE                      DATE

Lansing Community College is accredited by the Higher Learning Commission (hlcommission.org), a regional accreditation agency recognized by the U.S. Department of Education. Lansing Community College does not discriminate against individuals in its programs or activities on the basis of race, color, sex, age, religion or creed, national origin or ancestry, familial status, disability, pregnancy, marital status, height, weight, sexual orientation, gender, gender identity, genetic information, veteran or military status, or any other factor prohibited by law. The college's discrimination and harassment policies are available at lcc.edu/policy.