



BARBER SCOTIA COLLEGE APPLICATION FOR UNDERGRADUATE ADMISSION

DO NOT WRITE IN THIS SECTION	
Receipt# _____	Date: _____
ACT Composite Score: _____	
SAT Score: V _____ M _____ Total _____	
Processed by: _____	

Term and Year of Proposed Enrollment	
_____ Fall	_____ Year _____
_____ Spring	_____ Year _____
_____ Summer	_____ Year _____

*Please print in ink or type your responses. Answer all questions. Use N/A if a question is not applicable to you.
Attach the non-refundable \$25 application fee to the application. Mail to: Admissions Office, Barber Scotia College,
145 Cabarrus Avenue W, Concord, NC 28025, Phone: (704) 789-2900*

Social Security# _____ Name _____
Last
First
Middle

Previous Last Name (s) _____ E-mail address: _____

Current mailing Address _____
Street Address/P.O. Box
City
State
Zip Code

Permanent mailing address: _____
Street Address/P.O. Box
City
State
Zip Code

County in which you reside: _____ Telephone Number _____

Place of Birth: _____ Date of Birth: _____ Gender: _____
State/Country
Month
Date
Year
M/F

Resident of North Carolina: _____ Yes _____ No

If yes, enter county _____ Number of years in North Carolina _____

Active Duty Member of the Armed Services stationed in NC: _____ Yes _____ No

Dependent Relative of a Member of the Armed Services stationed in NC: _____ Yes _____ No

Dependent of Deceased or Disabled Emergency Worker (Firefighter, Volunteer Firefighter, Law Enforcement, Rescue Squad Member) _____ Yes _____ No

Ethnic and citizenship information is required by the Office of Civil Rights. Please check the appropriate category.

_____ U.S. Citizen _____ Non-Resident Alien _____ Resident Alien (Resident Alien # _____) Date Issued _____

If citizenship is other than U.S, indicate country: _____ Visa Type _____ Date issued _____

Ethnic Background (for reporting purposes only)

_____ White/Caucasian _____ American Indian or Alaskan Native _____ Hispanic/Latino
 _____ African-American/Black _____ Asian/Pacific Islander _____ Other (reserved for non-US Citizens)

Military Status (Check one only)

_____ Veteran receiving benefits _____ Veteran not receiving benefits _____ Veteran's dependent with benefits
 _____ Active duty with benefits _____ Active duty without benefits _____ Not Applicable

Emergency Contact Person _____ Relationship _____

Street/PO Box _____ City _____ State _____

Zip Code _____ Telephone _____

Applying for admission as: _____ Freshman _____ Transfer _____ Readmit* _____ Special Visiting

*Previously attended BSC, list last Semester/Summer Session and Year _____

Do you plan to earn a degree? _____ Yes _____ No Proposed Major _____

Will you attend? _____ Day Classes _____ Evening Classes _____ Weekend Classes

High School attended _____ City _____ State _____

Graduation Month _____ Year _____

Did you receive a General Education Development Certificate (GED)? _____ Yes _____ No Date _____

Did you receive an Adult High School Diploma? _____ Yes _____ No Date _____

University(s), college(s), technical institution(s), junior/community college(s) attended:

Institution	City/State	Date Attended	Degree

Do you wish to reside on campus? _____ Yes _____ No

Please check areas(s) of interest: _____ Choir _____ Band _____ Theater _____ Basketball _____ Cross Country

_____ Football _____ Golf _____ Softball _____ Track and Field _____ Army ROTC

Application's Certification (If you answer 'Yes' to any of the questions below, please explain circumstances on a separate sheet.)

Have you ever been convicted of a criminal offense (other than a minor traffic violation)? _____ Yes _____ No

Have you entered a plea of guilty, a plea of no contest, a plea of non contend ere, or an Alford plea to a criminal charge? _____ Yes _____ No

Have you otherwise accepted responsibility for the commission of a crime? _____ Yes _____ No

Have you ever been suspended or expelled from a secondary school system or an institution of higher education for misconduct? _____ Yes _____ No

I certify that the information I have given on this publication is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration, or suspension from the College. I agree to allow the College to send information on the status of my application to my high school, if requested. I hereby acknowledge that completion of my social security number is voluntary, requested by the institution solely for administrative convenience and record-keeping accuracy, and required only to provide a personal identifier for the internal records of this institution.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

Signature of Applicant: _____ Date: _____

If under 18, signature of parent or guardian: _____ Date: _____

Barber Scotia College is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, national origin, religion, gender, age or disability. Moreover, Barber Scotia College values diversity and actively seeks to recruit talented students, faculty, and staff from diverse backgrounds.