





OFFICE OF ADMISSIONS  
1301 South 48th St | Quincy, IL 62305  
217.641.4339 | Fax: 217.221.0778  
smartstart@jwcc.edu

# SMART START APPLICATION & COURSE REGISTRATION

**Students are responsible for tuition and fees associated with classes (Estimated cost - tuition fee \$160 per credit hour; online course \$30 per credit hour in addition to tuition fee. Rates will be set by the board by June 2018 for fall 2018 semester).**

**Books for classes can be purchased through the JWCC Bookstore. Please call 217.641.4230.**

Have you ever attended John Wood Community College (including dual credit courses)?  Yes  No

High School attending \_\_\_\_\_ High School anticipated graduation date \_\_\_\_\_.

**Please identify your primary racial/ethnic group. (select only one)**

- Asian  American Indian or Alaskan Native  Black or African American  Hispanic or Latino
- White  Native Hawaiian or Pacific Islander  Choose not to respond/unknown

**Are you Hispanic or Latino? (Or are you of Spanish origin?)**

- Yes, I am Hispanic or Latino  No, I am not Hispanic or Latino

**Are you from one or more of the following racial groups? (Select all that apply)**

- Asian  American Indian or Alaskan Native  Black or African American
- White  Native Hawaiian or Pacific Islander  Choose not to respond/unknown

**Are you in the United States on a Visa?**

- No, I am a citizen of the United States
- No, I am not a citizen of the United States, but am a legal resident alien or refugee.

Resident # \_\_\_\_\_

- Yes, I am in the United States on a Visa Home Country of Origin: \_\_\_\_\_ Visa Type: \_\_\_\_\_

**Have you ever been a part of a TRIO program?**

- Upward Bound  Educational Talent Search  Other  Not Applicable

**Have either parent attended college?**  Yes  No

**Have either parent completed a 4-year degree?**  Yes  No

**FERPA, the Family Educational Rights and Privacy Act of 1974, protects the privacy of student educational records. To authorize the release of this protected information (grades, academic records, bill information) the student must indicate they agree to the release.**

- High School (transcript/academic discussion)  Parent – Tuition Bill Discussion  No, I do not release information

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date