



# Clinton College Application

Submit To: Office of Enrollment Management  
Clinton College  
1029 Crawford Rd  
Rock Hill, SC 29730

Office: 803-327-7402 ext. 257  
Fax: 803-327-3261  
www.clintonjuniorcollege.edu

Office use only: Date Application Received: \_\_\_\_\_  
Application Fee/Waiver: \_\_\_\_\_

*Print legibly or type this application.*

## **SECTION I PERSONAL RECORD**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Parent / Guardian / Spouse: Name \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

## **SECTION II PERSONAL RECORD**

Denomination \_\_\_\_\_ Home Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## **SECTION III GENERAL INFORMATION**

How did you first learn about Clinton College? \_\_\_\_\_

Is anyone in your immediate family a current student or graduate of Clinton College? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

## **SECTION IV ENROLLMENT INFORMATION**

Have you ever applied to Clinton College, but never attended? \_\_\_\_\_ Yes \_\_\_\_\_ No

I will be primarily a: \_\_\_\_\_ Day Student \_\_\_\_\_ Evening Student

I will attend: \_\_\_\_\_ Full Time (12 hours or more) \_\_\_\_\_ Part Time (less than 12 hours)

I am applying to begin: Year: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

I am applying as a: \_\_\_\_\_ First Time Freshman \_\_\_\_\_ Transfer \_\_\_\_\_ Other

I will be a: \_\_\_\_\_ Resident Student \_\_\_\_\_ Commuting Student

Anticipated major: \_\_\_ Associate, Liberal Arts \_\_\_ Associate, Business Administration \_\_\_ Associate Religious Studies

\_\_\_ Associate, Early Childhood Education \_\_\_ Associate, Natural Sciences

\_\_\_ Bachelor, Business Administration \_\_\_ Bachelor, Religious Studies

**SECTION V HIGH SCHOOL RECORD**

Name of your high school \_\_\_\_\_

\_\_\_\_\_ Date of high school graduation \_\_\_\_\_  
(city) (state) (zip)

Did (will) you receive: \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Other

Have you taken the SAT or ACT (not required for admission to the College) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate scores: SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT Composite \_\_\_\_\_

**SECTION VI COLLEGE RECORD**

List all colleges attended or currently attending, beginning with the most recent:

College/University City/State Dates Attended Degree Received

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic standing at the most recent institution attended: \_\_\_ Good \_\_\_ Probation \_\_\_ Suspension

If you check probation or suspension, briefly state the circumstance:

\_\_\_\_\_  
\_\_\_\_\_

Are you classified as eligible to return at all institutions attended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, check any of the problem categories that exist: \_\_\_ Academic \_\_\_ Financial \_\_\_ Disciplinary

**SECTION VII STUDENT STATEMENT IMPORTANT**

***Please read the following statements and certify by signing below and accept the statement as being your own.***

I understand that if I become a student at Clinton College, I will be responsible for all financial obligations that I incur. I also understand that withholding any information requested in the application or giving false information gives Clinton College the right to declare me ineligible for admission. By signing below, I certify the above statements are true and that this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***This Application should be returned with a nonrefundable \$25 application fee, unless you are applying for re-admission. Please answer or complete every item in each section to avoid a processing delay.***