WINTHROP THINK COLLEGE
APPLICATION

APPLICATION NOTES:

1. Type or print in ink.
2. Complete all of the application. If the question does not apply to you, write N/A.
3. Provide the month and date(s) requested; do not use terms "current" or "present."
4. **READ APPLICATION AGREEMENT, SIGN AND DATE YOUR APPLICATION**

1. **TERM OF PROPOSED ENROLLMENT** Fall Semester YEAR _____

2. **SOCIAL SECURITY NUMBER** _____-_____-_____

3. **NAME** Last Name_____ Suffix (Jr., III, IV) _____

   First Name _____ Middle Name _____

4. **DATE OF BIRTH** (mm/dd/yy) _____

   Does someone have legal guardianship of the student? ◯ Yes ◯ No

   If yes, name of guardian_____ Include copy of court documentation

5. **MAIDEN OR FORMER NAME** _____

6. **HOME/PERMANENT ADDRESS**

   Street _____

   City_____ State _____ ZIP code _____

   County (if in SC) _____

7. **MAILING ADDRESS IF DIFFERENT FROM ABOVE**

   Street _____

   City_____ State _____ ZIP code _____

   County (if in SC) _____

8. **CELL TELEPHONE** _____

9. **E-MAIL ADDRESS** _____

10. **I AM AN INTERNATIONAL STUDENT** (circle answer) ◯ Yes ◯ No **I AM SEEKING AN F-1 STUDENT VISA** ◯ Yes ◯ No

    Country of birth _____ Country of citizenship _____

    I am a permanent resident of the United States ◯ Yes ◯ No

    Alien registration number (include a copy of both sides of your alien registration card or green card) _____

11. **MILITARY VETERAN/ACTIVE MILITARY**

    Are you currently or have you ever been a member of the U.S. Armed forces? ◯ Yes ◯ No

    If YES, please select one of the following: ◯ Active Duty ◯ Active Reserve ◯ Reserve Component ◯ Veteran ◯ NA

    Are you the spouse or a dependent of a full-time member of the U.S. armed forces? ◯ Spouse ◯ Dependent

    Are you seeking readmission to the University after having been called-up to active military service through the reserves or drafted before the end of your last semester? ◯ Yes ◯ No

12. **ETHNIC ORIGIN / RACE**

    I am Hispanic or Latino? ◯ Yes ◯ No

    What is your race? Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.

    ◯ American Indian or Alaskan Native ◯ Asian ◯ Black/African American ◯ Native Hawaiian or Other Pacific Islander

    ◯ White

13. **FAMILY CONTACT INFORMATION** (circle relationship to you) Parent Spouse Guardian Other _____

Last Name _____ Suffix (Jr., III, IV) _____

First Name _____ Middle Name _____

Home/permanent address (P.O. BOX, RFD, Street) _____

City _____ State _____ ZIP Code _____

Telephone Cell _____ Work _____

E-mail address (please print neatly) _____

14. **I PLAN TO LIVE:** In university housing Off-campus

15. **DO YOU LIVE IN SOUTH CAROLINA?** Yes (If yes, completion of the residency form is required.) No

ACADEMIC HISTORY

16. **HIGH SCHOOL YOU LAST ATTENDED**

Name of high school _____

State _____ Years attended (yyyy to yyyy) _____ to _____

Expected high school graduation date: Month/Year (mm/yy) _____/_____ or GED (mm/yy) _____/_____

Issued in which state? _____

17. **LIST ALL COURSES IN WHICH YOU ARE CURRENTLY ENROLLED IN OR PLAN TO REGISTER FOR AND COMPLETE DURING YOUR SENIOR YEAR IN HIGH SCHOOL.**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

18. Did/will receive High School Diploma Equivalent Certificate Name of certificate received: _____

Participated in general education classes Yes No

Describe inclusive educational experiences/list inclusive classes:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

What clubs or teams were you involved in? _____

Awards or offices held? _____

_____

19. **COLLEGES ATTENDED:** Have you attended any college, either full-time or part-time, since graduation or taken any college-level courses while in high school? If yes, please list below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to Winthrop University. The University may verify your previous attendance at all institutions through the National Student Clearinghouse.

Name of school (full name) _____ State _____

Credits earned _____Date entered (mm/yy) _____/_____Date leaving (mm/yy) _____/_____

Name of school (full name) _____ State _____

Credits earned _____Date entered (mm/yy) _____/_____Date leaving (mm/yy) _____/_____

Name of school (full name) _____ State _____

Credits earned _____Date entered (mm/yy) _____/_____Date leaving (mm/yy) _____/_____

20. **I FIRST LEARNED ABOUT WINTHROP THINK COLLEGE FROM** (circle the most appropriate)

- A family member who graduated from Winthrop University
- Name _____

  Relationship _____
- A family member who attended/currently attends Winthrop University
- Alumnus referral
- A student currently attending Winthrop University
- A Winthrop University faculty or staff member referral
- Meeting an admission counselor at a college fair
- A visit to campus
- A coach's referral
- I received a mailing from Winthrop University
- The Winthrop University website
- Other. Specify: _____

21. **HOW CAN YOUR EDUCATIONAL EXPERIENCE AT WINTHROP UNIVERSITY HELP YOU ACHIEVE YOUR FUTURE GOALS?**

22. **REQUIRMENTS OF THE WINTHROP THINK COLLEGE PROGRAM**

I fully understand that the following are the requirements of the completion of the program:

- Attend and complete all assignments within the Winthrop Think College curriculum and Winthrop classes with modified assignments.
- Cooperate with all Winthrop Think College staff and mentors.
- Fully participate in planned Winthrop Think College activities.
- Fully participate in job shadowing and employment activities.
- Adhere to the job placement requirements per the employment coordinator.
- Adhere to the independent living skills activity requirements.
- Fully comply with the Winthrop University Code of Student Conduct.

Non-compliance with these requirements may result in the following:

- Academic warning
- Academic disciplinary team meeting with action plan
- Removal from Winthrop Think College

23. **APPLICATION AGREEMENT**

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I understand that if I discontinue my enrollment in Winthrop Think College at Winthrop University at any time, I must submit a new application by the appropriate deadline to be considered for readmission. I also understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for admission to Winthrop ThinkCollege.

My signature below is my promise that, should I enroll at Winthrop University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University's Student Handbook. The handbook can be found at *https://www.winthrop.edu/studentconduct/winthrop-university-student-handbook.aspx*

Signature of Applicant _____ **Date** _____

Signature of Parent or Legal Guardian _____ **Date** _____

(If applicant is under 18 years of age)