



## Early College Scholars Application & Registration Form

Office of Concurrent Enrollment  
3325 Marvin Sands Dr.  
Canandaigua, NY 14424  
Phone: 585.785.1669  
Fax: 585-785-1820  
E-mail: [secondaryprograms@flcc.edu](mailto:secondaryprograms@flcc.edu)

Student Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SS# or FLCC ID: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Graduating Class: \_\_\_\_\_ District: \_\_\_\_\_ School Counselor (if applicable): \_\_\_\_\_

Student Type: ☐ Home School ☐ Public School Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: \_\_\_\_\_

### Scholarship Opportunity:

Early College Scholars may be eligible for a scholarship to offset tuition expenses. The scholarship funds up to 50% of the student's part-time in-state tuition for up to seven credits each semester at any FLCC campus or online. Audited and repeated courses are not covered by the scholarship. To be eligible for the scholarship applicants must:

- Complete this form and return it to the Office of Concurrent Enrollment prior to the start of the semester
- Be 18 years of age or under and enrolled in an approved secondary curriculum (home school or high school)
- Maintain an overall 2.5 FLCC GPA
- Satisfy FLCC course prerequisites and placement testing requirements

**If you are eligible for the scholarship, funds will be applied to your student account when we register you for the course(s).**

List all courses you wish to register for. If uncertain, leave this portion blank and contact our office for an advising appointment.

Audited and repeated courses are not covered by the scholarship, but may be placed on this form for registration purposes.

| Course Prefix | Course # | Section # | Course Prefix | Course # | Section # |
|---------------|----------|-----------|---------------|----------|-----------|
| _____         | _____    | _____     | _____         | _____    | _____     |
| _____         | _____    | _____     | _____         | _____    | _____     |
| _____         | _____    | _____     | _____         | _____    | _____     |

**Do not register for these courses. Our office will register you for all courses when your application is complete.**

**Ethnicity: Are you Hispanic/Latino (select one, optional)?** ☐ Yes ☐ No

**If Hispanic/Latino, select one:** ☐ Central American ☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ South American ☐ Cuban ☐ Other Hispanic/Latino

**Race (optional):** ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White

**Have you been convicted of a felony?** ☐ Yes ☐ No **Have you been expelled or dismissed from a college for disciplinary reasons?** ☐ Yes ☐ No

Applicants with juvenile or youthful offender status are not required to respond to the felony question. Affirmative responses to either question will not automatically prevent registration; however, further information will be requested to ensure compliance with FLCC Admissions Review Policy.

### **Student Signature (required):**

FLCC has a Student Code of Conduct Policy that outlines the rights and responsibilities of students, behaviors prohibited on or off campus and possible sanctions. I understand the policy pertains to me while I am enrolled at FLCC and can read the Policy at <http://www.flcc.edu/offices/judicial> or in the Student Handbook and Academic Planner. I certify that I have met all stated prerequisites for the course(s) listed above. I acknowledge that my tuition and fees will be paid by the tuition due date and that I am liable for any collection fees as a result of my failure to pay, including, without limitation, collection agency costs and fees, court costs and fees, attorney costs and fees. If I decide not to attend FLCC, I will submit a <http://www.flcc.edu/pdf/registrar/withdrawalform.pdf> to Educational Planning and Career Services prior to published deadlines, and I realize that non-attendance in class will not relieve my financial responsibility. I understand that FLCC may use an automated calling system and a pre-recorded message to contact me by phone regarding my affiliation with the college. I have reviewed and understand the college's refund policies, which can be found at <http://www.flcc.edu/offices/bursar/refunds.cfm>. By signing this form, I acknowledge that I can read and understand the statements and policies as set in the FLCC catalog.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date