



# ADMISSION FORM

## CROWLEY'S RIDGE COLLEGE

100 College Drive • Paragould, Arkansas 72450

(870) 236-6901 • (800) 264-1096

### PERSONAL INFORMATION

Last Legal* Name		First Name	Middle Name	Maiden Name	Preferred Name
Mailing Address			City	State	Zip County
Telephone	Cell Phone	E-Mail		Facebook	
Social Security Number / /	Driver's License State                      Number			Birthdate / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated		Children <input type="checkbox"/> None <input type="checkbox"/> Yes, Number _____		Ethnic Origin <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other	
Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other _____	Have you ever been arrested by any law enforcement agency? <input type="checkbox"/> No <input type="checkbox"/> Yes. (list dates and details)				
Are you claimed as a dependent by your parents/guardians for Income Tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			Grades and Statements should be sent to: <input type="checkbox"/> Parents <input type="checkbox"/> Guardians <input type="checkbox"/> Yourself only		

\*Legal name as printed on Driver's License and Social Security Card

### EDUCATIONAL INFORMATION

Name of Last High School attended				Address	City	State	Zip
Year of Graduation	GPA	ACT score	GED	Disciplinary Action such as: <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion If so, explain details on separate sheet of paper		Guidance Counselor or Principal	
Extracurricular Activities you have been involved in:				Awards			
Name of College(s) attended (if applicable)				Address	City	State	Zip
Did you leave in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)						GPA	

## EDUCATIONAL PLANS AT CRC

Desired Admission <input type="checkbox"/> Fall 20 ____ <input type="checkbox"/> Spring 20 ____ <input type="checkbox"/> Summer 20 ____	Classification Sought <input type="checkbox"/> Early Admission <input type="checkbox"/> Regular Freshman <input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior	Major Field of Study <input type="checkbox"/> General Studies/Undecided <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Business	<input type="checkbox"/> Teaching <input type="checkbox"/> Other
I plan to be involved in at CRC: <input type="checkbox"/> Student Government <input type="checkbox"/> Justified Drama Group <input type="checkbox"/> Other <input type="checkbox"/> Intercollegiate Athletics (identify) _____ <input type="checkbox"/> Intramurals <input type="checkbox"/> Heritage Yearbook <input type="checkbox"/> Musical Groups <input type="checkbox"/> Student led Spiritual Activities				
Housing at CRC: <input type="checkbox"/> College Housing (Dormitory) <input type="checkbox"/> Live with Parents/Relatives (Commuter) <input type="checkbox"/> Other (see Student Handbook)				

## RELIGIOUS AFFILIATION

Church I attend	Minister	Address	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## FAMILY INFORMATION

Father's Name	Mailing Address	City	State	Zip
Telephone	Occupation	CRC Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, years at CRC 19 ____ to 19 ____		
Mother's Name	Mailing Address	City	State	Zip
Telephone	Occupation	CRC Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, years at CRC 19 ____ to 19 ____ Maiden Name _____		
List Brothers and Sisters in school and what grade they are currently in:				

**WAIVER RIGHT TO ACCESS TO CONFIDENTIAL INFORMATION - PLEASE READ BEFORE SIGNING**

Realizing the need for Crowley's Ridge College to obtain an objective opinion as to my qualifications, I hereby waive my right to access any confidential recommendations made for the purpose of determining my fitness for admission to this institution. I also authorize the release of any relevant information in regard to this application for admission. I further certify that I have disclosed all relevant information in regard to this application for admission.

Name \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF INFORMATION**

I certify that the preceding statements and information are correct and complete. If I am accepted for enrollment, I pledge to abide by the policies and rules of Crowley's Ridge College.

Name \_\_\_\_\_ Date \_\_\_\_\_



TO SUBMIT APPLICATION, **FILL OUT** AND **SIGN** THIS FORM AND **MAIL** TO:  
 CRC ADMISSIONS • 100 COLLEGE DRIVE • PARAGOULD, ARKANSAS 72450  
 OR **CALL** (800) 264-1096 • (870) 236-6901 FOR MORE INFORMATION