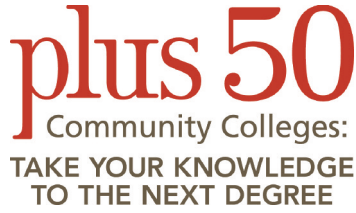




Wayne
County
Community
College
District

Plus 50 Encore Completion Program Intake Sheet



Student: _____
LAST NAME FIRST NAME

Address: _____

County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: Male Female Date of Birth: _____

Ethnicity: *optional* (Check One)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |

Program Intent: (Check One)

- | | | |
|--|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Addiction Studies | <input type="checkbox"/> Mental Health |
|--|--|--|

Other: _____

Additional Student Information:

Do you receive Financial Aid? Yes No

Are you a current WCCCD student? Yes No

Are you a current Plus 50 student participant? Yes No

Options to submit form:

- Click 'Submit' or email to ckaramo1@wcccd.edu
- Fax to 313-964-1487
- Bring to Wayne County Community College District
School of Continuing Education and Workforce Development
801 W. Fort Street, Detroit, MI 48226