



# COLLEGE OF WILMINGTON

*Your College. Your Future.*

## APPLICATION FOR ADMISSION

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Madien: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
Street/Apt/Box City State Zip

County: \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_  
*[The School does not accept applicants that have been convicted of a felony or any offense of a sexual nature.]*

Permanent Mailing Address: \_\_\_\_\_  
Street/Apt/Box City State Zip

Home Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Female  Male  Date of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

The following question is voluntary and will not be used in a discriminatory manner by this school.  
This information is for statistical purposes only:

Ethnic Origin White  Black  American Indian or Alaskan Native  Other \_\_\_\_\_  
Hispanic  Asian or Pacific Islander  Biracial  Unknown

Did you graduate from : High School  Adult High School  GED  In pursuit

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Employment Status: Full Time  Part Time  Unemployed

Employer's Name and Address: \_\_\_\_\_  
Street/Apt/Box City State Zip

Name of High School or GED Location: \_\_\_\_\_

Location and Date of Graduation from High School, Adult High School, or GED?

\_\_\_\_\_ Grad/GED Date: \_\_\_\_\_  
Street/Apt/Box City State Zip

Educational Level: (Circle One)

Grade School 1 2 3 4 5 6 7 8	One Year Vocational: 14
High School: 9 10 11 12	Two Year Associate Degree: 15
Adult High School Diploma: 13	Bachelor: 16 Masters or Up: 17

Name of Previous College, University or Technical College Attended:

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Name	Address	Date Attended
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Name	Address	Date Attended
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**Please check the program you are interested in pursuing:**

Cosmetology

Massage Therapy

*I certify that the these responses are true and exact to the best of my knowledge and that any falsification of responses will result in immediate denial of admission.*

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**Signature**

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**Date**