

PACE DUAL ENROLLMENT APPLICATION WORKSHEET

Please use this worksheet to gather the required information you will need to complete your online application.

STUDENT INFORMATION

Student's Legal Name (First, Middle, Last): _____ Suffix: _____

Student's Preferred Name: _____

Student's Email Address: _____

Student's Date of Birth (mm/dd/yyyy): _____ Gender: _____

Student's Mobile Phone: _____ Student's Home Phone: _____

Birth Country: _____ Birth County: _____ Birth City: _____ Birth State/Province: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Are you a US Citizen? Yes No

Student's Social Security Number: _____ - _____ - _____ *required on FAFSA Waiver for Lottery Tuition Assistance

Are you a permanent resident (Possess a Green Card)? Yes No Are you a DACA student? Yes No

Ethnicity: _____

Are you licensed to drive? Yes No License Issued State: _____ License Issued Date: _____

Student Driver's License Number: _____

Driver's License Type New Renewal Transfer License Expiration Date: _____

Who claims student on federal income tax? Parent Legal Guardian Other

Who provides the student with 50% or more financial support? Parent Legal Guardian Other

Do you currently live in South Carolina? Yes No

Date began living in South Carolina (if born in SC, enter birthdate): _____

What County in SC do you reside? _____

Date present stay in County began (if born in SC, enter birthdate): _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Parent's Email Address: _____

Is this person a US Citizen? Yes No

Parent Mobile Phone: _____ Parent's Home Phone: _____

Is this person's address the same as your permanent address? Yes No

Parent/Guardian Address (if different): _____

Is this person licensed to drive? Yes No License Issued State: _____ License Issued Date: _____

Parent/Guardian's Driver's License number: _____

Parent License Type: New Renewal Transfer

Does this person have a vehicle registered in their name? Yes No

Vehicle Registration Date: _____ Type of Registration: New Renewal Transfer State vehicle is registered: _____

Employment status: Employed Unemployed Retired Disabled Active Military of SC: Yes No

Employed/Title: _____ Employer: _____

Dates of employment (month/year): from _____ / _____ to _____ / _____ Job Type: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Emergency Contact's Phone: _____

Relationship to Student: _____

For technical assistance or questions, contact us at 843-477-2097 or pace@hgtc.edu