



## HIGH SCHOOL QUICK STEP APPLICATION FORM

Please submit to the Office of Outreach and Admissions at [admissions@rcbc.edu](mailto:admissions@rcbc.edu) or in-person.

### APPLICANT PERSONAL INFORMATION

|                                 |  |  |  |     |
|---------------------------------|--|--|--|-----|
| Last Name                       | First  | Middle   | Birth Date   | Age |
| Street Address                  |  |  | High School  |     |
| Telephone                       |  |  | High School Year if Applicable (Fr./Soph./Jr./Sr.) |     |
| Student Email                   |  |  | Graduation Year                                    |     |
| Gender:                         | <input type="checkbox"/> Male                              | <input type="checkbox"/> Female                                      | <input type="checkbox"/> Prefer not to answer      |     |
| Are you Hispanic or Latino?     | <input type="checkbox"/> Yes                               | <input type="checkbox"/> No  |  |     |
| Race:                           | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian                                       | <input type="checkbox"/> Black or African American |     |
|                                 | <input type="checkbox"/> Hawaiian or Pacific Islander      | <input type="checkbox"/> White                                       | <input type="checkbox"/> Not Applicable            |     |
| Quick Step Program of Interest: | <input type="checkbox"/> Culinary/Baking                   | <input type="checkbox"/> Culinary/Fundamentals                       |  |     |
|                                 | <input type="checkbox"/> Supply Chain and Logistics        | <input type="checkbox"/> CompTIA IT Fundamentals (ITF+) and Network+ |  |     |

### COLLEGE COURSE(S) IN WHICH YOU PLAN TO ENROLL

Indicate semester/term you plan to enter:  Fall  Spring  Summer Session I  Summer Session II

| DEPT.                | COURSE NO. | SECTION | LOCATION | COURSE TITLE | INSTRUCTOR | CREDIT | DAY | TIME |
|----------------------|------------|---------|----------|--------------|------------|--------|-----|------|
|                      |            |         |          |              |            |        |     |      |
|                      |            |         |          |              |            |        |     |      |
|                      |            |         |          |              |            |        |     |      |
|                      |            |         |          |              |            |        |     |      |
| <b>TOTAL CREDITS</b> |            |         |          |              |            |        |     |      |

My signature on this form affirms that I am academically prepared and/or meet the defined course pre/corequisites and any basic skills testing requirements. My signature also affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to RCBC and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete the drop process online or submit a completed drop form prior to the first day of the semester/term.

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

### FOR STUDENTS CURRENTLY IN HIGH SCHOOL:

|                             |              |
|-----------------------------|--------------|
| Parent / Guardian Signature | Relationship |
|-----------------------------|--------------|

|                                       |           |      |
|---------------------------------------|-----------|------|
| PRINT School Counselor/Principal Name | Signature | Date |
|---------------------------------------|-----------|------|