

COMMUNITY COLLEGE  
OF RHODE ISLAND

Get a *“Running Start”*



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**1** Complete this form after you have read the application instructions and after you have reviewed our program listings. Please print clearly.

Date of Application		Social Security Number	
<i>Name as it appears on Social Security card or Passport</i>			
Last Name	First Name	Middle Initial	Birth Date Mo / Day / Yr
<i>Previous/Maiden Name</i>			
Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to report
Permanent/Mailing Address			Apt/Unit
City		State	Zip
Home Telephone Number	Cell Number	Email Address @	
How long have you lived at present address? _____/_____/_____ If less than three months, please list previous address: Years months			
Street _____ City _____ State _____ Zip _____ Country _____			Number of years at previous address <input type="text"/> <input type="text"/>

**2** Please check all that apply. The information that you provide helps us to comply with federal reporting requirements only and will not, in any way, impact a decision on your application.

Ethnicity/ <input type="checkbox"/> Hispanic or Latino Race <b>For Non-Hispanic/Latino's only</b> <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose not to report	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Choose not to report	Additional Information <input type="checkbox"/> Single Parent <input type="checkbox"/> Displaced Homemaker* <input type="checkbox"/> Speaker of English as a Second language <input type="checkbox"/> Either Parent (biological or adoptive) Earned a 4-yr Degree Check all that apply
<small>Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the Federal Government for Higher Education reporting purposes, known as IPEDS (Integrated Postsecondary Education Data System).          * The term Displaced Homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability, or divorce), these individuals must leave the home and seek to support themselves and their families.</small>		

**3** Please check boxes in both sections A and B as appropriate. Failure to do so will result in your application not being processed.

**A.**  I declare Rhode Island to be my Legal State of residence.\*\*  
 I declare my legal residence to be in a foreign country. \_\_\_\_\_ (Country Name)  
 None of the Above

**B. Are you a U.S. Citizen?**  YES  NO (If not, please answer the next question)  
**If you are not a U.S. Citizen, do you possess as I-151, I-551, or an I-94 Card which signifies Refugee Status?**  YES  NO  
**If Yes, please attach a copy of both sides of your immigration card to this application.**

Please note: Misrepresentation concerning statements of residency and/or citizenship is grounds for immediate dismissal from the college and liability for all tuition and fees that may result from such fraudulent statements.

\*\* To qualify for in-state tuition at the Community College of Rhode Island you must have maintained residency in the state for at least 12 continuous months. Proof of residency may be provided in the form of rent or mortgage receipts, utility bills, bank statements or any other official documents demonstrating an in-state address for a period of 12 months or more.

**4 Agreement:**

I certify that the information that I have provided on this application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations at, and fulfill all financial obligations to, the Community College of Rhode Island.

_____ Signature of Applicant <small>(If under age 18, signature of parent/guardian)</small>	_____ Date
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**For Office Use Only**

Fee Paid \$ \_\_\_\_\_

NEBHE \_\_\_\_\_

**Method of Payment (check one)**  
 Check or money order  
 Credit card payment: Please charge the following credit card:  MasterCard  Visa  Discover Card

Name of cardholder \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature required to process your application \_\_\_\_\_



## Running Start Program Application Information

### Running Start for High School Seniors

Running Start is a program offered at the Community College of Rhode Island to high school students who demonstrate the academic achievement and maturity necessary to enroll in college courses during their senior year. Seniors who study at CCRI on a full-time basis during the day may be eligible to earn college credit and credit for high school graduation simultaneously.

### Running Start Admission Criteria:

1. A cumulative high school grade point average of 2.75 (B-).
2. Permission of parent or guardian.
3. Recommendation signature from a guidance counselor or principal accompanied by a list of courses that includes requirements for graduation from high school and other recommended college courses.
4. Enrollment in a minimum of 12 credit hours at CCRI for both the fall and spring semesters.

### Process:

1. Obtain a Running Start application from your high school guidance office.
2. Complete the application, ask your guidance counselor to fill out the recommendation form and be sure to write your Social Security number on your check for the \$20 application fee.
3. Verify that your high school guidance counselor lists the courses in which he/she wishes you to enroll and states which campus you prefer.
4. Submit the completed application, the \$20 application fee, the completed guidance counselor recommendation form and your official high school transcript to CCRI by April 1 prior to the fall semester in which you wish to enroll.
5. Running Start students are not eligible to receive financial aid. Students are responsible for tuition and fees.
6. CCRI reserves the right to limit the number of students admitted to the Running Start program each year.

Send all required information, including the application and the \$20 application fee, to:

CCRI Knight Campus  
Office of Enrollment Services  
400 East Avenue  
Warwick, RI 02886-1807

For more information, contact the Office of Enrollment Services at 401-825-2003.





**RUNNING START PROGRAM RECOMMENDATION FORM**

High School Guidance Office (This page is to be filled out by the high school guidance counselor.)

The guidance counselor is asked to make a recommendation with regard to the student’s social and academic preparation for a college experience. In addition, we ask that you list the specific courses the student needs to fulfill high school graduation requirements.

Recommendation:

Below is a sample of how you should list the recommended courses in which your student has permission to enroll for the fall and spring semesters:

Fall Semester

Spring Semester

i.e. ENGL 1010 Composition I

i.e. ENGL 1200 Intro. To Literature

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the preferred campus:

Flanagan (Lincoln) \_\_\_\_\_ Knight (Warwick) \_\_\_\_\_  
Liston (Providence) \_\_\_\_\_ Newport County \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Guidance counselor’s signature

\_\_\_\_\_  
Date

