



**Emergency Contact Information**

Contact #1 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Church Information**

Home Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Religious Background (for statistical purposes only)

- Assembly of God     Baptist     Methodist     Non-Denominational  
 Evangelical     Catholic     Pentecostal     Other \_\_\_\_\_

**School Information**

High School graduated from \_\_\_\_\_ Year of graduation \_\_\_\_\_

Have you taken the ACT?     Yes     No    Composite Score \_\_\_\_\_

Have you taken the SAT?     Yes     No    Composite Score \_\_\_\_\_

Have you taken the GED?     Yes     No    Year Received \_\_\_\_\_

Have you taken the TOEFL?     Yes     No    Composite Score \_\_\_\_\_

Have you ever attended a College/University?     Yes     No

Are you a transfer student?     Yes     No

If yes, contact the HCC Office for transfer information

Have you previously applied to HCC?     Yes     No    If yes, what term? \_\_\_\_\_

Have you previously attended HCC?     Yes     No    If yes, when? \_\_\_\_\_

**Additional Information**

Have you ever been convicted of a felony?       Yes       No

Do you have any learning or physical disability that you would like us be aware of?       Yes       No

If yes to either of the above, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I confirm that all information on this application is true to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent of Guardian's Signature (if student is under 18)