



APPLICATION AND ADMISSION INFORMATION

Enrollment Status: Non-Degree Seeking Degree Seeking

Term of Proposed Enrollment: Fall Spring Year: _____

Legal Name: _____
First Middle Last

Preferred First Name or Nickname: _____

Maiden Name or Former Last Name: _____

Social Security Number: _____ - _____ - _____

Gender: Female Male Prefer Not to Say

Date of Birth: ____ / ____ / ____

Home Address: _____

Email Address: _____

Phone Number: _____ - _____ - _____

Non-Profit Organization: _____

<Your organization must be currently registered as a 501(c)3>

Title: _____

Business Address: _____

Business Phone Number: _____

Preferred Address: Home or Business

DEMOGRAPHIC INFORMATION

Are you Hispanic/Latino?

- Yes, I am Hispanic/Latino No, I am not Hispanic/Latino

Race (select all that apply):

- Asian American Indian or Alaskan Native Black or African American
 White or Caucasian Native Hawaiian or other Pacific Islander

CITIZENSHIP STATUS

Please check all the boxes that apply.

U.S. Citizen (please provide proof of citizenship)

Not a U.S. Citizen

Country of citizenship: _____

Country of birth: _____

Dual U.S. Citizen

Citizenship other than U.S.: _____

Country of Birth: _____

Permanent Resident

Registration/ Alien Number: _____

Country of Birth: _____

Other (please specify): _____

<Please submit a copy of Driver's License or Passport with this application>

APPLICANT SIGNATURE

The information provided in this application is complete and accurate to the best of my knowledge. I agree to accept the regulations set forth in the FMU catalog regarding academic standing, attendance, personal conduct and other matters. I realize that withholding information from or providing false information to the University could result in my application being rejected, my admission being rescinded, or my dismissal from Francis Marion University.

Applicant's Signature

____ / ____ / ____

Date

ORGANIZATION INFORMATION

Organization's annual budget total (approximate): _____

Briefly describe the mission of your organization: _____

Briefly list your role(s) in your non-profit organization: _____

In a few words, explain why you wish to participate in NPLI: _____

ACCOMMODATION INFORMATION

Do you have any special dietary needs you would like us to attempt to accommodate? _____

Do you have any special physical needs you would like us to attempt to accommodate? _____

All applications are due August 7, 2020

Payment of \$350.00 will be required immediately upon notification of your acceptance into the class.

Please return this form as soon as possible to ensure your consideration as a participant.

You may mail, email, or fax the application.

Contact:

Benita Woodbury

Email: communityprograms@fmarion.edu

Phone: 843-661-4662

Fax: 843-661-1293

**Mailing Address: Regional and Community Programs
University Place, Room 314, Suite 1-A
Attn: NPLI
P.O. Box 100547
Florence, SC 29502-0547**