



Employee: _____ Work Site: _____ County: _____

Telephone #: (____) _____ Cell #: (____) _____ Email: _____

Position Title: _____ Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ County Code: _____ Hire Date: _____ SS#: _____

Check all that apply: Full Time Permanent Part Time PRN Baylor

Highest Level of Education: High School/GED Some College Associate's Degree Bachelor Masters

Career Path/Choice: Operations Administration Clinical Health Care Education Other _____

EDUCATION HISTORY

Current Enrollment/Enrollment Interest

College/University: _____
Name of School/Address

Telephone #: (____) _____ Degree/Major: _____

Expected Graduation Date: _____

PREVIOUS EDUCATION HISTORY

High School: _____
Name of School/Address

Graduate? Yes Check last year completed: 9 10 11 12 GED? Yes No

College/University: _____
Name of School/Address

Degree/Major: _____

Check last year completed: 1 2 3 4 5 6 Graduate? Yes No

Other Training/Education/Certifications/Licenses: _____

Have you completed the CDS program (College of Direct Support)?: Yes No

Employee: _____ Date: _____

Endorsed By: _____ Date: _____
Administrator (Required)

Endorsed By: _____ Date: _____
Supervisor (Required)

DOCUMENT IS NOT VALID UNLESS ENDORSED. COMPLETION OF THE WIN INTEREST APPLICATION DOES NOT GUARANTEE ADMISSION TO THE WIN PROGRAM. ALL APPLICANTS MUST BE PRIOR-APPROVED BY THE WIN COMMITTEE.

Return To: Jeffrey Gallagher, WIN Operations Manager at 1007 Slater Road, Durham NC 27703/ Fax 919.941.0858 / 919-941-0858

Congratulations on making the decision to WIN!

Please use the checklist below as a guide to beginning the WIN application process.

- I have completed the College of Direct Support.
- I have completed the WIN Interest Application and it has been:
 - endorsed by my supervisor
 - endorsed by my administrator
 - checked for appropriate signatures and dates
 - submitted to my ACE Coordinator for processing
- I have followed-up with my ACE Coordinator to be sure all documentation has been submitted on my behalf.
- I have been notified of my acceptance into the WIN Program.

My ACE Coordinator: _____

COMMUNITY COLLEGES IN MY AREA

Wayne Community College

P. O. Box 8002
 Goldsboro, NC 27533-8002
 (919) 735-5151, Voice
 (919) 736-9425, Fax
 Dr. Kay Albertson, President

Pitt Community College

P. O. Drawer 7007
 Greenville, NC 27835-7007
 (252) 493-7200, Voice
 (252) 321-4401, Fax
 Dr. Dennis Massey, President

James Sprunt Community College

P. O. Box 398
 Kenansville, NC 28349-0398
 (910) 296-2400, Voice
 (910) 296-1636, Fax
 Dr. Lawrence Rouse, President

Lenoir Community College

P. O. Box 188
 Kinston, NC 28502-0188
 (252) 527-6223, Voice
 (252) 233-6879, Fax
 Dr. Brantley Briley, President

Carteret Community College

3505 Arendell Street
 Morehead City, NC 28557
 (252) 222-6000, Voice
 (252) 222-6274, Fax
 Dr. Joseph T. Barwick, President

Craven Community College

800 College Ct.
 New Bern, NC 28562
 (252) 638-7200, Voice
 (252) 638-4232, Fax
 Dr. Catherine Chew

Beaufort County Community College

P. O. Box 1069
 Washington, NC 27889
 (252) 946-6194, Voice
 (252) 946-0271, Fax
 Dr. David McLawhorn, President

Johnston Community College

P. O. Box 2350
 Smithfield, NC 27577
 (919) 934-3051, Voice
 (919) 209-2142, Fax
 Dr. Donald Reichard, President

Wilson Community College

P. O. Box 4305
 Wilson, NC 27893-0305
 (252) 291-1195, Voice
 (252) 243-7148, Fax
 Dr. C. H. "Rusty" Stephens, President

South Piedmont Community College

P. O. Box 126
 Polkton, NC 28135
 (704) 272-5300, Voice
 (704) 272-5350, Fax
 Dr. John R. McKay, President

For additional NC Community College locations, visit: <http://www.nccommunitycolleges.edu>

My education program's contact information:

Institution Name: _____

Contact Person: _____

Email: _____ Phone: _____ Fax: _____