

Send completed form to Jenni Guanciale at:

Email: jguanciale@mcocp.org

Cell number: 843-845-1800

**College Promise
Class of 2021
Contact Information**

Name: _____

Address: _____

City: _____ **Zip Code** _____

Email Address: _____

DO NOT USE A SCHOOL EMAIL ACCOUNT – PLEASE PROVIDE A PERSONAL EMAIL. PLEASE USE THIS EMAIL ADDRESS CONSISTENTLY ON ALL APPLICATIONS AND CORRESPONDANCE.

Cell Phone Number: _____

Date of Birth: _____

Last four digits of Social Security Number: _____

Currently a member of NHS ? ___yes ___no

Please list colleges or universities you are interested in attending:

Please list possible course of study (major):