

Regionally Increasing Baccalaureate Nursing
SouthCentralNC Collaborative
Information Form

Please fax to: 910.521.6178
ATTN: James Crouch

Directions: Please provide all permanent information accurately and clearly.

Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone Number: () _____ Cell Phone Number: () _____

Academic Information

Name of High School: _____

Anticipated Year of Graduation: _____ GPA: _____

Have you taken college courses for credit? _____yes _____no

If so, what college? _____ GPA: _____

Community College of Interest for RIBN Partnership:

Richmond Community College _____

Robeson Community College _____

Sandhills Community College _____

Southeastern Community College _____

Please fax to the number at the top of the page or mail to:

JamesCrouch
NursingDept.
P.O.Box1510
Pembroke,NC28372#1510