



Early College Application

NAME _____ Home Phone _____
Last First M.I. *Cell Phone _____

Social Security Number _____ Date of Birth _____ Gender: Male Female

Mailing Address _____

City

State

Zip Code

County

Email Address: _____ Current High School: _____

Ethnicity(Check all that apply): African American American Indian or Alaskan Native Asian White

Native Hawaiian or Other Pacific Islander Are you Hispanic/Latino? Yes No

Are you a first generation college student (your parent(s)/guardian(s) did not attend college)? Yes No

Do you have a family member who attended or graduated from Bluefield State University? Yes No

Relationship _____ Year Graduated _____

Fall Semester (August) **Spring Semester (January)**

Course(s) in which you wish to enroll: _____

Disclosures

***By providing your cell phone number, you agree to receive text-based communication from Bluefield State University and from the West Virginia Higher Education Policy Commission and the West Virginia Council for Community and Technical College Education, otherwise known as the College Foundation of West Virginia (CFWV). You may also opt-out at any time by replying to any text sent. Yes No _____ Initial**

I declare that the information I have supplied on this application is complete, truthful, and correct and authorize BSU to verify the information given on this application.

Date _____

Signature _____

Mail Application To:
Office of Admissions
Bluefield State University
219 Rock Street
Bluefield, WV 247 01
bscadmit@bluefieldstate.edu

For more information:
(304) 327 -4065
WV (800) 344-8892
Outside WV (800) 654-77 98

bluefieldstate.edu

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