

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:

James Crouch  
Nursing Dept.  
P.O. Box 1510  
Pembroke, NC 28372-1510