



New Hope Collegiate Application Checklist:

1. Application Fee \$20 (Application **will not** be processed without application fee).
2. Athletic Waiver Form
3. Release of Information Form
4. Copy of Health Insurance Card
5. Withdrawal Policy (See Below)
6. Background Check Form
7. Schedule to take Placement test at Technical College by (Apr 1)
8. Complete Technical College Admission Application by (Apr 30)
9. Complete Technical College Financial Aid Application by (Apr 30)
School Code: MTC 003993
10. Copy of Acceptance Letter
11. Copy of Enrollment Verification Form

Withdrawal

Once you have paid your enrollment fee you are considered a student at NHC.

Tuition is **non-refundable**

I understand that a refund **will not** be given for any money that has been paid after May 1. Also, there will be no refunds given on any program cost after the first day of summer semester.

Please mail these items to:

NHLA
156 Vista View Drive
West Columbia, SC 29172

Items 1-6 and Enrollment Fee must be submitted by **May 1. NO EXCEPTIONS!!!**

Print Name _____

Signature _____ Date _____



"NHLC is striving to be the best in a world full of competition."

NEW HOPE COLLEGIATE CLUB SPORTS

2022-23 TIMELINE

Apr 30	All admission and financial aid paperwork must be completed for Midland Tech 003993
May 1	Non Refundable Enrollment Fee Due- Football (\$500)
June	Technical College Summer School Session I Begins
July 1	Non Refundable Enrollment Fee Due- Basketball (\$500) (Football) Summer workouts begin
July 31	Final Payment Due on Tuition-Football
Aug	Technical College Fall Classes Begins (All Sports) Players Report/Football Practice Begins
Sept 1	Final Payment Due on Tuition-Basketball



"NHLA is striving to be the best in a world full of competition."

NEW HOPE COLLEGIATE CLUB SPORTS

APPLICATION

Please return \$20 application fee with your application to
New Hope Leadership Academy, 156 Vista View Drive, West Columbia, SC 29172

***You must send a \$20 (Money Order) or your application will not be processed.**

2022() 2023 () 2024 ()

Please check a sport: Football _____ Men's Basketball _____

Beginning Semester: Fall _____ Spring _____ Summer _____, 20 _____

Name: _____
First Middle Last

Address: _____ **City** _____ **State** _____ **Zip** _____

County: _____

Security Number: _____ - _____ - _____

Phone Number: _____ - _____ - _____

Date of Birth: _____
Mo. Day Yr.

Drivers License Number: _____

Email Address: _____

Name of High School: _____ **Address:** _____

School Main Office Number: _____ - _____

Guidance Counselor: _____ Number: _____ - _____ - _____

Head Coach Name: _____ Number: _____ - _____ - _____

Month/Year of Graduation: _____

Expected Graduation Date: _____

Have you registered with NCAA Clearinghouse? Yes _____ No _____ If Yes: NCAA/NAIA
Clearinghouse # _____ User Name: _____ Password _____

Have you taken the ACT? Yes _____ No _____ Date Taken _____ If Yes: Scores
Math _____ Reading _____ English _____ Science _____

Have you taken the SAT? Yes _____ No _____ Date Taken _____
If Yes: Math Score _____ Reading Score _____ Writing Score _____

Have you taken the COMPASS/ASSET? Yes _____ No _____
(a) If Yes: _____ COMPASS _____ ASSET (b) Date Taken _____
(c) Math Score _____ Reading Score _____ Writing Score _____

GED: _____ Yes _____ No: If yes what is your Composite Score _____

Have you ever been arrested or convicted of a misdemeanor or felony? Yes _____ No _____
If yes, explain:

Emergency Contact Name: _____

Emergency Contact Number: _____ - _____

Parent(s) Household Income: \$ _____

Have you completed FAFSA? Yes _____ No _____

Any special awards or accomplishments?

I certify that the above information is true, accurate and complete:

Applicant's Signature _____ Date: _____



NEW HOPE LEADERSHIP ACADEMY

Student: _____

I am writing this letter to request that a copy of my final transcripts is sent to the addresses listed below:

NHLA
156 Vista View Drive
West Columbia, SC 29172

Thanks,

NEW HOPE LEADERSHIP ACADEMY



ATHLETIC WAIVER & FIELD RELEASE

Participant's Name: _____ Parent/Guardian: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Does the athlete have any physical conditions or allergies? If yes, please note: _____

WAIVER: I understand that in taking part of these try-outs and/or athletic activities, there is a risk of injury that I am assuming. The risk of such injury will **NOT** be covered by the program, its insurance or the facility in which this event is taking place. I agree to hold harmless the team, program, coaches or my teammates for any injuries received while participating in any New Hope Leadership Academy/ New Hope Collegiate Club Sports sponsored or associated events.

I hereby certify that I am in normal health, have had a physical within the past year and I am capable of participating in any and all New Hope Leadership Academy/ New Hope Collegiate Club Sports sponsored and associated events.

I give consent for authorized NHLA/NHC representatives to take me for medical care in an emergency situation. I understand that all efforts will be made to notify the emergency contact listed above prior to such action and the expenses, if any, will be settled by me.

I acknowledge and agree that my participation in the New Hope Leadership Academy/ New Hope Collegiate Club Sports to be held at any athletic facility (Stadium Football Field) or gym secured by the New Hope Leadership Academy/ New Hope Collegiate Club Sports during the 2022-2023 season is completely voluntary. I also agree that New Hope Leadership Academy/ New Hope Collegiate Club Sports nor any athletic facility (Stadium Football Field) or gym in which athletic games/events held will NOT be held liable for any injuries incurred on the respective properties.

Signature of Applicant (Parent printed name & signature if applicant if under 18yrs)

Date _____

NEW HOPE LEADERSHIP ACADEMY

RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize the following individual, agency, institution or organization, **New Hope Collegiate**, to release and provide information to any entity regarding my academic/athletic affairs. I also, hereby authorize any college/university, sports program or athletic coach/program to release all requested information on me to **New Hope Collegiate**. I understand that this release is valid for a period of two years from the signed date below.

Signature

Date





"NHLA is striving to be the best in a world full of competition."

NEW HOPE COLLEGIATE FOOTBALL

2022-23 TUITION

* Enrollment Fee	\$500.00 (Mandatory)
**Final Payment	\$600.00
Total	\$1100.00 (Due July 31)

* If **Mandatory** non-refundable enrollment fee deposit of **(\$500)** is not received by **May 1**, then you will not be added on the team roster. Your name will be removed from our program roster and your spot will come open to other student athletes.
(**Only 40 Roster Spots****)**

** If you **tuition** is not paid in full by **July 31**, you will be removed from the program and your roster spot will be filled.

New Hope Collegiate Club Football is a way for athletes who played high school football but did not get a scholarship to go to college with the opportunity to play the sport they love. Club Sport Tackle Football is an 11-man tackle football team that competes against other colleges or universities that have a team, or we will play their schools Junior Varsity team. **However, a club football team is not affiliated with the school athletic department.**

ENROLLMENT FEE INCLUDES

- Team Uniforms
- Travel Gear (T-Shirt, Shorts, Hoodie, Bookbag)
- Team Insurance
- Intramural Fees
- Travel Expense

ATHLETIC PROGRAMS

Football

Big Coast Conference

Collegiate Athletics Independent Association

2022 Tuition Total: \$1100

Includes:

- A. Enrollment Fee \$500**
- B. Program Tuition: \$600 (Program Cost)**

Program Tuition Breakdown: \$600

Program Fees \$150
Team Gear \$150
Post Season Recruiting and Film Services \$50
Travel Fees and Costs \$250



"NHLA is striving to be the best in a world full of competition."

NEW HOPE COLLEGIATE BASKETBALL

2022-23 TUITION

* Enrollment Fee	\$500.00 (Mandatory)
**Final Payment	\$600.00
Total	\$1100.00 (Due Sept 1)

- * If **Mandatory** non-refundable enrollment fee deposit of **(\$500)** is not received by **July 1**, then you will not be added on the team roster. Your name will be removed from our program roster and your spot will come open to other student athletes.

(**Only 15 Roster Spots****)**

- ** If you **tuition** is not paid in full by **Sept 1**, you will be removed from the program and your roster spot will be filled.

New Hope Collegiate Club Basketball is a way for athletes who played high school basketball but did not get a scholarship to go to college with the opportunity to play the sport they love. Club Sport Basketball team will compete against other colleges or universities that have a team, or we will play their schools Junior Varsity team. **However, a club team is not affiliated with the school athletic department.**

ENROLLMENT FEE INCLUDES

- Team Uniforms
- Travel Gear (Warm-up, Shooting Shirt, Shorts, Bookbag)
- Team Insurance
- Intramural Fees
- Travel Expense

ATHLETIC PROGRAMS

Basketball

Big Coast Conference

Collegiate Athletics Independent Association

2022-23 Tuition Total: \$1100

Includes:

C. Enrollment Fee \$500
D. Program Tuition: \$600 (Program Cost)

Program Tuition Breakdown: \$600

Program Fees \$150
Team Gear \$150
Post Season Tournaments and Film Services \$100
Travel Fees and Costs \$200

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **New Hope Leadership Academy** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **New Hope Leadership Academy** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****New Hope Leadership Academy** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____