



SEWARD COUNTY COMMUNITY COLLEGE

1801 N. Kansas Ave., P.O. Box 1137, Liberal, KS 67905-1137 620-624-1951 or 1-800-373-9951

Application for Admission

PERSONAL INFORMATION (PLEASE PRINT)

Legal Name _____
 Last First Middle (Other last name/maiden name)

Physical Address _____
 Street Address City St ZIP

Mailing Address (if different) _____ County _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

DEMOGRAPHIC & RESIDENCY INFORMATION (WE USE THIS FOR SCCC INSTITUTIONAL PURPOSES ONLY)

Gender Male Female Date of Birth _____ Social Security # _____

Are you a United States citizen?
 YES (Complete box below.) NO (Complete box below.)

Are you a Kansas resident?

YES, list date Kansas residency began:
 Month: _____ Year: _____

NO.
NOTE: Students must reside in Kansas for at least six months to be eligible for in-state tuition rates. See Registrar for details.

Are you a Permanent Resident?

YES, list A#: _____
You must bring a copy of the card to Admissions office.

Are you an International Student?

YES. Visa type: _____
 Country of birth: _____

Ethnicity
 I am Hispanic/Latino or Latina

Race (for non-Hispanic students only) Check all that apply.

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Do either of your parents hold a 4-yr. college degree? Yes No

EDUCATIONAL INFORMATION

When do you plan to enter SCCC? Semester Fall Spring Summer Year _____

Do you plan to attend full-time (12+ hours) part-time

Have you previously attended SCCC? Yes No If yes, list semester/year last attended _____

Have you ever taken classes at the SCCC Colvin Adult Learning Center? Yes No

HIGH SCHOOL INFORMATION

Are you currently attending high school or working toward a GED? Yes No

When WILL you graduate? Month ____ Year ____ High School/GED Center _____ City _____ St ____

When DID you graduate? Month ____ Year ____ High School/GED Center _____ City _____ St ____

EMERGENCY INFORMATION

Emergency Contact Name _____ Phone _____ Relationship _____

Street Address _____ City _____ State ____ Zip _____ Email _____

POLICY ON NONDISCRIMINATION — Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with Seward County Community College/Area Technical School are hereby notified that this institution does not discriminate on the basis of race, religion, color, national origin, gender, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Revised November 2015

OFFICE USE ONLY	
Entered	_____
ID	_____
Notes	_____

(FILL OUT REVERSE SIDE)

MAJOR/PROGRAM OF STUDY (MARK NO MORE THAN TWO AREAS YOU ARE INTERESTED IN STUDYING AND/OR WISH TO LEARN MORE ABOUT)

Agriculture/Business/Computers/

Personal Services Division

- Accounting
- Agriculture
 - Sustainable Ag Resources
- Business Administration
- Business Administrative Technology
- Business (general)
- Business Marketing/Management
- Computer Information Systems
- Cosmetology
- Sports Management

Allied Health Division

- Medical Assistant (CMA)
- Medical Laboratory Technician
- Nursing
- Nursing Assistant (CNA)
- Phlebotomy
- Respiratory Therapy
- Surgical Technology

Humanities Division

- Behavioral Science
- Criminal Justice
- Drama/Theater
- Education
 - Elementary
 - Secondary
 - K-12
- English
- History
- Journalism
- Visual Arts
- Music
 - Instrumental
 - Vocal
- Philosophy
- Social Science

Math/Science/HPERD Division

- Biology
- Chemistry
- Food Science & Safety
- Mathematics
- Physical Education
- Physics

Industrial Technology Division

- Auto Body Collision Repair
- Automotive Business Management
- Automotive Technology
- Corrosion Technology
- Diesel Technology
- Drafting and Design Technology
- Fish & Wildlife (Criminal Justice)
- Heating, Ventilation, Air Conditioning, & Refrigeration
- Machine Tool Technology
- Natural Gas Compression Technology
- Process Technology
- Truck Driving (CDL)
- Welding Technology

Pre-Professional Programs

- Dentistry
- Engineering
- Law/Government
- Medicine
- Personal Training
- Pharmacy
- Sports Medicine

SCCC GOALS

Please check ONE statement which best describes your goals at SCCC:

- I am seeking a degree or certificate at SCCC, and plan to transfer to _____ (001)
- I am seeking a degree or certificate at SCCC, and do not plan to transfer to another college. (002)
- I am **NOT** seeking a degree or certificate at SCCC, and plan to transfer to _____ (003)
- I am seeking self-improvement or to upgrade my current skills. (005)
- I wish to acquire technical or occupational skills. (006)

PREVIOUS COLLEGE INFORMATION

List any prior colleges, universities or technical schools attended other than SCCC.

Name _____ City _____ State _____

Name _____ City _____ State _____

Name _____ City _____ State _____

OTHER BACKGROUND INFORMATION (FOR REPORTING PURPOSES ONLY)

Is English your first language? Yes No If no, what language is spoken in your home? _____

Are you a single parent? Yes No

Do you use Veteran's Educational Assistance? Yes No

Are you a displaced homemaker? Yes No

CERTIFICATION AND RELEASE INFORMATION

I hereby state, that to my knowledge, all information contained on this form is accurate. I give Seward County Community College permission to release the above information to the Seward County Community College Foundation.

SIGNATURE OF APPLICANT _____ DATE _____

I give SCCC permission for my name, photograph and other general information to be released to the news media for promotional purposes.

SIGNATURE OF APPLICANT _____ DATE _____