



SEWARD COUNTY COMMUNITY COLLEGE

APPLICATION FOR ADMISSION

1801 N KANSAS AVE. PO BOX 1137 LIBERAL, KS 67905-1137

PERSONAL INFORMATION

LEGAL NAME LAST FIRST MIDDLE OTHER LAST NAME/MAIDEN NAME

STREET ADDRESS (where you live now) CITY STATE ZIP COUNTY COUNTRY

MAILING ADDRESS (If PO Box or different mailing address) CITY STATE ZIP COUNTY COUNTRY

HOME PHONE CELL PHONE EMAIL

GENDER M F US CITIZEN? Y N
PREFER NOT TO SAY DATE OF BIRTH SOCIAL SECURITY #

RESIDENCY

KANSAS RESIDENT? INDICATE WHEN RESIDENCY BEGAN

MONTH YEAR

PERMANENT RESIDENT?

A#

BRING A COPY OF THIS CARD TO THE ADMISSIONS OFFICE

INTERNATIONAL STUDENT?

COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP

VISA TYPE

DEMOGRAPHICS

ETHNICITY

I AM HISPANIC/LATINO Y N

RACE (FOR NON-HISPANIC STUDENTS ONLY)

- WHITE AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR PACIFIC ISLANDER
 ASIAN OTHER _____

DO EITHER OF YOUR PARENTS HOLD A 4-YEAR COLLEGE DEGREE? Y N

ARE YOU A SINGLE PARENT? Y N

ARE YOU AN OUT-OF-WORKFORCE INDIVIDUAL? Y N

IS ENGLISH YOUR FIRST LANGUAGE? Y N

IF NO, WHAT IS YOUR FIRST LANGUAGE? _____

ARE YOU CURRENTLY IN OR PREVIOUSLY AGED OUT OF THE FOSTER CARE SYSTEM? Y N

DO YOU HAVE A DOCUMENTED DISABILITY? Y N

ARE YOU CURRENTLY HOMELESS OR LACKING A FIXED RESIDENCE? Y N

DO YOU COME FROM AN ECONOMICALLY DISADVANTAGED (LOW INCOME) FAMILY? Y N

MILITARY STATUS (CHECK ALL THAT APPLY)

I AM NOT CONNECTED IN ANY WAY TO ONE OF THE U.S. ARMED FORCES

I AM CURRENTLY SERVING ON ACTIVE DUTY IN ONE OF THE U.S. ARMED FORCES

I AM A VETERAN OF THE U.S. ARMED FORCES

MY PARENT OR LEGAL GUARDIAN IS ON ACTIVE DUTY IN ONE OF THE U.S. ARMED FORCES

I AM A SPOUSE OR DEPENDANT OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES

I AM A SPOUSE OR DEPENDANT OF A VETERAN WHO SERVED IN THE U.S. ARMED FORCES

EDUCATION

HIGH SCHOOL OR GED CENTER CITY STATE

HAVE YOU GRADUATED OR OBTAINED YOUR GED? Y N

WHEN DO YOU PLAN TO ATTEND SCCC? SEMESTER YEAR

WHEN WILL YOU/DID YOU GRADUATE? _____

FULL TIME (12+ HOURS) PART TIME (LESS THAN 12 HOURS)

DO YOU PLAN TO LIVE ON CAMPUS? Y N

HAVE YOU PREVIOUSLY ATTENDED SCCC? Y N

SCCC CONCURRENT COURSES WHILE STILL IN HIGH SCHOOL? Y N

LIST ANY OTHER COLLEGES OR TECHNICAL SCHOOLS YOU'VE ATTENDED

COLLEGE CITY STATE COLLEGE CITY STATE



MAJOR & PLANS

INTENDED PROGRAM OR MAJOR? _____

ACCOUNTING	CERTIFIED NURSES AID	ENGLISH	PHLEBOTOMY	<u>PRE-PROFESSIONAL PROGRAMS</u>
AGRICULTURE	CERTIFIED MEDICATION AID	HVAC	PHYSICAL EDUCATION	ENGINEERING
AUTO BODY COLLISION REPAIR	CHEMISTRY	HISTORY	PHYSICS	LAW/GOVERNMENT
AUTO BUSINESS MANAGEMENT	COMPUTER INFORMATION SYSTEMS	JOURNALISM	PROCESS TECHNOLOGY	MEDICINE
AUTOMOTIVE TECHNOLOGY	CORROSION TECHNOLOGY	MACHINE TOOL TECHNOLOGY	RESPIRATORY THERAPY	PERSONAL TRAINING
BEHAVIORAL SCIENCE	COSMETOLOGY	MEDICAL LABORATORY TECHNOLOGY	SOCIAL SCIENCE	PHARMACY
BIOLOGY	CRIMINAL JUSTICE	MUSIC	SPORTS MANAGEMENT	PHYSICAL THERAPY
BUSINESS ADMINISTRATION	DIESEL TECHNOLOGY	NATURAL GAS COMPRESSION	SURGICAL TECHNOLOGY	PHYSICIAN'S ASSISTANT
BUSINESS ADMINISTRATIVE TECHNOLOGY	DRAFTING AND DESIGN TECHNOLOGY	NURSING	TRUCK DRIVING (CDL)	SPORTS MEDICINE
BUSINESS MARKETING/MANAGEMENT	DRAMA/THEATER	PHILOSOPHY	VISUAL ARTS	VETERINARY MEDICINE
	EDUCATION		WELDING TECHNOLOGY	

- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND PLAN TO TRANSFER TO _____
- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND DO NOT PLAN TO TRANSFER
- I AM **NOT** SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND PLAN TO TRANSFER TO _____
- I WISH TO ACQUIRE TECHNICAL OR OCCUPATIONAL SKILLS, OR SEEKING SELF IMPROVEMENT

EMERGENCY CONTACT

EMERGENCY CONTACT NAME	PHONE #	RELATIONSHIP
ADDRESS	CITY	STATE
	ZIP	EMAIL

SIGNATURE & RELEASE

SCCC is an Open Admission institute of higher education. All responses are for reporting purposes only. No information collected on this application will prevent admission or entry to the school. An Application for Admission, Scholarship and Grant Application and all transcripts must be on file in the Seward County Community College Admissions Office if you wish to be considered for a scholarship. High School students must submit a seven-semester transcript (issued by your high school after the first semester grades of your senior year have been posted.) All transfer students must submit all prior college transcripts before enrollment. Please complete all questions. Print in dark ink or type. Incomplete applications will not be considered.

I hereby state, that to my knowledge, all information contained on this form is accurate. In the event that any information is left incomplete that may be obtained from Seward County Community College, I give SCCC permission to release this information to the SCCC Foundation. I give the SCCC Foundation permission to release the above information to SCCC for consideration of financial assistance.

SIGNATURE OF APPLICANT	DATE
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SCCC and the SCCC Foundation **DOES NOT** have permission for my name, photograph, and other general information to be released to news media for promotional purposes. Leave the box unchecked if you do allow SCCC and the SCCC foundation to use your information for promotional purposes

POLICY OF NONDISCRIMINATION

Applicants for admission and employment, students, employees, source of referral of applications for admission and employment and all unions or professional organizations holding collective bargaining or professional agreements with Seward County Community College 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. Any person having inquiries concerning Seward County Community College's compliance with the regulations implementing the Title VI, Title IX or Section 504 is directed to contact Mr. Dennis M. Sander, PO Box 1137, 1801 N Kansas Ave, Liberal, KS. 620-624-1951. Mr Sander has been designated by Seward County Community College to coordinate the institution's effort to comply with the regulations implementing Title VI, Title IX and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implements of Title VI, Title IX, or Section 504.

OFFICE USE ONLY

ENTERED _____

ID# _____