

APPLICATION FOR ADMISSION



1801 N. Kansas, PO Box 1137, Liberal, KS 67905-1137
620-624-1951 or 1-800-373-9951
www.sccc.edu

Seward County Community College ♦ Area Technical School

PERSONAL INFORMATION (PLEASE PRINT)

SPAIDEN

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 INFORMATION (FOR REPORTING PURPOSES ONLY)

SPAIDEN

Gender Male Female Date of Birth _____ Social Security # _____

Are you a United States Citizen? Yes No If no, country of citizenship _____
International students must provide certified transcripts in English, proof of English proficiency and proof of financial support before an I-20 can be issued.

Ethnicity
 I am Hispanic/Latino or Latina
(Check the box if you are a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin)

Race (for non-Hispanics only)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other
 White
 Two or more races

Non-Resident Alien
 Race and Ethnicity Unknown
 Hispanics of any race

Do either of your parents hold a four-year college degree? Yes No

RESIDENCY STATUS

SPAIDEN

Are you a Kansas resident? Yes No If yes, date residency began (you may be required to show proof of residency) _____

EDUCATIONAL INFORMATION

SAAADMS

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

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

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

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

EMERGENCY INFORMATION

SPAIDEN

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 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.

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OFFICE USE ONLY	
Entered	_____
ID	_____

(FILL OUT REVERSE SIDE)

MAJOR/PROGRAM OF STUDY (check degree and circle a major)

SAAADMS

Not seeking a degree

Associate in Arts

Please check major

- Art
- Behavioral Science
- Drama/Theater
- Education
- English
- History
- Journalism
- Liberal Arts
- Music
- Philosophy
- Social Science
- Speech/Communications

Associate in Science Degree

Please check major

- Accounting
- Agriculture
- Biological Sciences
- Business (General)
- Chemistry
- Criminal Justice
- Computer Information Systems
- Liberal Arts
- Mathematics
- Physical Education
- Physical Science
- Pre-Professional _____

Associate in Applied Science Degree

Please check major

- Agriculture
- Auto Body Collision Repair
- Automotive Business Management
- Automotive Technology
- Business Administrative Technology
- Business Marketing/Management
- Community Corrections (Criminal Justice)
- Computer Information Systems
- Construction Trades Technology
- Cosmetology
- Diesel Technology
- Drafting and Design Technology
- Fish & Wildlife (Criminal Justice)
- Heating, Ventilation, Air Conditioning, & Refrigeration
- Law Enforcement (Criminal Justice)
- Machine Tool Technology
- Medical Assistant
- Medical Laboratory Technician
- Nursing (ADN)
- Respiratory Therapy
- Surgical Technology
- Welding Technology

Certificate

Please check major

- Auto Body Collision Repair
- Automotive Business Management
- Automotive Technology
- Business Administrative Technology
- Business Marketing/Management
- Coding & Reimbursement Specialist
- Community Corrections (Criminal Justice)
- Construction Trades Technology
- Cosmetology
- Diesel Technology
- Drafting and Design Technology
- Fish & Wildlife (Criminal Justice)
- Health Information Management
- Heating, Ventilation, Air Conditioning, & Refrigeration
- Law Enforcement (Criminal Justice)
- Machine Tool Technology
- Medical Assistant
- Nail Technician
- Nursing (LPN)
- Surgical Technology
- Welding Technology

Associate in General Studies Degree

Degree or certificate undecided

GOALS AT SCCC/ATS

SGAUSDF

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

- I am seeking a degree or certificate at SCCC/ATS, and plan to transfer to _____ (001)
- I am seeking a degree or certificate at SCCC/ATS, and do not plan to transfer to another college. (002)
- I am **NOT** seeking a degree or certificate at SCCC/ATS, 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)
- I am a concurrent/dual-credit high school student. (007)

HIGH SCHOOL INFORMATION

SOAHSCH

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 _____

PREVIOUS COLLEGE INFORMATION

SOAPCOL

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

Name _____ City _____ State _____

Name _____ City _____ State _____

Name _____ City _____ State _____

OTHER BACKGROUND INFORMATION (FOR REPORTING PURPOSES ONLY)

SAAADMS

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/Area Technical School permission to release the above information to the Seward County Community College Development Foundation.

SIGNATURE OF APPLICANT _____ DATE _____

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

SIGNATURE OF APPLICANT _____ DATE _____