

# 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

DEMOGRAPHICS

GENDER  M  F DATE OF BIRTH SOCIAL SECURITY # US CITIZEN?  Y  N

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

**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 VETERAN OF THE U.S. ARMED FORCES?  Y  N  
ARE YOU A SINGLE PARENT?  Y  N  
IS ENGLISH YOUR FIRST LANGUAGE?  Y  N  
IF NO, WHAT IS YOUR FIRST LANGUAGE? \_\_\_\_\_  
ARE YOU A DISPLACED HOMEMAKER?  Y  N

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

CONTACT

EMERGENCY CONTACT NAME PHONE # RELATIONSHIP

ADDRESS CITY STATE ZIP EMAIL

PLANS

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

**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.

ENTERED \_\_\_\_\_  
ID# \_\_\_\_\_



NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SCCC ID# \_\_\_\_\_

AVAILABLE MAJORS

**INTENDED PROGRAM OR MAJOR?** \_\_\_\_\_

ACCOUNTING	CERTIFIED NURSES AID	ENGLISH	PHLEBOTOMY	PRE-PROFESSIONAL PROGRAMS
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	

SCHOLARSHIPS

**SCHOLARSHIP INTERESTS**

**ALLIED HEALTH SCHOLARSHIPS**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> GENERAL ACADEMIC SCHOLARSHIPS   | <input type="checkbox"/> SURGICAL TECHNOLOGY           | <input type="checkbox"/> RESPIRATORY THERAPY |
| <input type="checkbox"/> SEWARD COUNTY TUITION GRANT (AVAILABLE ONLY TO SEWARD COUNTY RESIDENTS) | <input type="checkbox"/> MEDICAL LABORATORY TECHNICIAN | <input type="checkbox"/> NURSING             |
| <input type="checkbox"/> OTHER SPECIFIC SCHOLARSHIPS _____                                       |  |  |

**ACTIVITY/PERFORMANCE SCHOLARSHIPS** \*SPONSOR RECOMMENDATIONS MAY BE REQUIRED TO RECEIVE AN AWARD. INQUIRE AT THE FINANCIAL AID DEPARTMENT FOR ELIGIBILITY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> AGRICULTURE/JUDGING CROPS, SOIL OR LIVESTOCK | <input type="checkbox"/> VOCAL MUSIC _____        | <input type="checkbox"/> SAINTS-N-ACTION                   |
| <input type="checkbox"/> ART  | <input type="checkbox"/> INSTRUMENTAL MUSIC _____ | <input type="checkbox"/> SPORTS MEDICINE/ATHLETIC TRAINING |
| <input type="checkbox"/> ATHLETICS _____                              | <input type="checkbox"/> JOURNALISM               | <input type="checkbox"/> STUDENT MANAGER _____             |
| <input type="checkbox"/> CHEERLEADING                                 | <input type="checkbox"/> MATH LAB TUTOR           | <input type="checkbox"/> TECHNICAL/CAREER PROGRAM _____    |
| <input type="checkbox"/> DANCE  | <input type="checkbox"/> PEER TUTOR _____         |  |
| <input type="checkbox"/> DRAMA/THEATER                                | <input type="checkbox"/> PHI BETA LAMBDA          |  |

ADDITIONAL INFORMATION

INFORMATION IN THIS SECTION MAY BE USED IN AWARDING SCHOLARSHIPS WITH SPECIAL CRITERIA

PLEASE ELABORATE ON SKILLS, AWARDS, SCHOOL AND COMMUNITY ACTIVITIES

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WORK HISTORY

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CAREER PLANS

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FEEL FREE TO ADD FURTHER INFORMATION ON A SEPARATE SHEET

SIGNATURE & RELEASE

**PRIORITY DATE FOR FALL - APR 1; SPRING - NOV 1**

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 a final award will be made. Applications will be considered only as funds are available. Please complete all questions. Print in dark ink or type. Incomplete applications will not be considered for scholarship awards.

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 also understand that I am applying for financial assistance to further my education. I give the SCCC Foundation permission to release the above information to SCCC for consideration of other financial assistance.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

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