

SHAWNEE COMMUNITY COLLEGE

STUDENT INFORMATION

SCC ID Number _____

(Office Use Only) _____

Please use black or blue ink.

All students who wish to enroll at Shawnee Community College must submit the following information:

- A. Official transcript(s) from the high school(s) attended.
- B. Official transcript(s) from other colleges or universities attended.
- C. An assessment test is required for all new full-time students. A composite score of 21 or above on the Enhanced ACT exempts the assessment requirement.
- D. All Associate of Arts & Associate of Science students are subject to the Provisional Admission Standards.

Shawnee Community College is required to comply with certain statutory and regulatory reporting of student taxpayer identification numbers for the issuance of 1098-T's. The IRS has the ability to impose a fine or penalty on Shawnee Community College for failing to report student taxpayer identification numbers on 1098-T notices. A student's taxpayer identification number is typically their social security number. Accordingly, students are required to provide that information to the college on their admission application. Failure to do so may result in the suspension of eventual denial of any admission application on behalf of the student. Shawnee Community College will, of course, comply with all state and federal privacy requirements on information obtained regarding student taxpayer identification numbers.

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____

Name (Last) _____ (First) _____ (Middle) _____ (Maiden) _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____ (County) _____

E-mail Address: _____

Phone (_____) _____ Birth Date ____/____/____ Male Female

Are you a veteran or in the Reserves or National Guard? Yes No

Marital Status: Single Married Divorced Widowed Separated

Emergency Contact: _____ (_____) _____
Name Phone Number

HIGH SCHOOL INFORMATION

High School Last Attended: _____ Graduation Date: ____/____/____

Did you have an IEP-Individualized Education Plan: Yes No

Still Attending: Yes No

If still attending, Escrow Application must be attached

Did you earn a GED: Yes No GED Date: ____/____/____

ETHNIC BACK GROUND

Yes No

1. Are you Hispanic or Latino

2. Are you in the United States on a Visa – a non-resident alien?

Country of Origin _____

Are you from one or more of the following groups:
(check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- White
- Choose not to respond

Please identify your primary racial/ethnic group:
(select one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian or Other Pacific Islander
- White
- Choose not to respond

ENROLLMENT INTENTION

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Transfer | <input type="checkbox"/> 3. Future Job | <input type="checkbox"/> 5. Personal Interest |
| <input type="checkbox"/> 2. Improve Current Job Skills | <input type="checkbox"/> 4. GED | <input type="checkbox"/> 6. Other/Unknown |

ENTRANCE TERM

Spring 20 _____ Summer 20 _____ Fall 20 _____

DEGREE (check only one)

- | | |
|--|---|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Associate of Science |
| <input type="checkbox"/> Associate of General Studies _____ | |
| <input type="checkbox"/> Associate of Applied Science in _____ | |
| <input type="checkbox"/> One-year Certificate in _____ | |
| <input type="checkbox"/> Less-than-one-year Certificate in _____ | |
| <input type="checkbox"/> Other _____ | |

ENROLLMENT OBJECTIVE

- Complete one or several courses Complete Certificate Complete Associate Degree

HIGHEST DEGREE EARNED

- | | | |
|--|--|--|
| <input type="checkbox"/> G.E.D. | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Doctoral (Ph.D., Ed.D., E.A.) |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Professional Degree (Dental, Law) |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> None | <input type="checkbox"/> Some College Credit |

Do either of your parents hold a Bachelor's Degree? Yes No

EMPLOYMENT STATUS

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employed part-time, over 15 hours | <input type="checkbox"/> Unemployed | <input type="checkbox"/> No Response |
| <input type="checkbox"/> Employed part-time, 15 hours or less | | |

RESIDENCY CODES

- | | |
|--|--|
| <input type="checkbox"/> In-District How long? (months) _____ | <input type="checkbox"/> U.S Citizen |
| <input type="checkbox"/> In-State How long? (months) _____ | <input type="checkbox"/> Foreign Student |
| <input type="checkbox"/> Out-of-State | Visa type _____ |
| <input type="checkbox"/> Federal Correctional Institution | |

RESIDENCY STATEMENT:

I certify that all the information that I have provided on this application is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulation of the institution at which I am enrolled.

Signature _____ Date ____/____/____