

# 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 or 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

- 1. Transfer
- 2. Improve Current Job Skills
- 3. Future Job
- 4. GED
- 5. Personal Interest
- 6. Other/Unknown

ENTRANCE TERM

Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_

DEGREE (check only one)

- Associate of Arts
- Associate of General Studies \_\_\_\_\_
- Associate of Applied Science in \_\_\_\_\_
- One-year Certificate in \_\_\_\_\_
- Less-than-one-year Certificate in \_\_\_\_\_
- Other \_\_\_\_\_
- Associate of Science

ENROLLMENT OBJECTIVE

- Complete one or several courses
- Complete Certificate
- Complete Associate Degree

HIGHEST DEGREE EARNED

- G.E.D.
- High School Diploma
- Certificate
- Unknown
- Associate Degree
- Bachelor's Degree
- Master's Degree
- None
- Doctoral (Ph.D., Ed.D., E.A.)
- Professional Degree (Dental, Law)
- Other
- Some College Credit

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

EMPLOYMENT STATUS

- Employed full-time
- Employed part-time, over 15 hours
- Employed part-time, 15 hours or less
- Homemaker
- Unemployed
- Other
- No Response

RESIDENCY CODES

- In-District How long? (months) \_\_\_\_\_
- In-State How long? (months) \_\_\_\_\_
- Out-of-State
- Federal Correctional Institution
- U.S Citizen
- Foreign Student  
Visa type \_\_\_\_\_

**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 regulations of the institution at which I am enrolled.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_