Southwest Virginia Community College

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

EmplID _____

IS OS _____

Staff Initial _____

Date _____

Notice: In accordance with §23.2.2:1 of the Code of Virginia, your name, date of birth, gender, and student identification number will be submitted to the Virginia State Police. By proceeding with the application process, you consent to this submission.

Please note: It will be necessary for applicants who wish to be considered for veterans' benefits, financial aid, and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the college. To protect your privacy, your Social Security number will not be used as your student identification number. The VCCS will only use your Social Security number in accordance with federal and state reporting requirements, and for identification purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S. C. Code 1232g, or pursuant to your obtained consent.

Possessing, brandishing, or using a weapon while on any college or VCCS o□ce property, within any college or VCCS o□ce facilities, or while attending any college or VCCS educational or athletic activities by students is prohibited, except where possession is a result of participation in an organized and scheduled instructional exercise for a course, when secured inside a vehicle, or where the student is a law enforcement professional. *B , f CC .*

Personal Information:

1. Name: _____

12. Have you lived in Virginia for the last twelve months? ☐ Yes ☐ No - Where did you live?_____
US state or Foreign country

13. Email address: _____
(This address will be your uno□cial e-mail address; you will be assigned an o□cial VCCS e-mail address upon successful processing of this application.)

14. Emergency Contact Information: _____
First Name Last Name Relationship Phone Number

15. Student's Employer (if employed): _____

16. Business phone: (_____) _____ - _____ ext.: _____

17. Ethnicity: Are you Hispanic or Latino? ☐ Yes ☐ No

What is your race? (Select any that apply):

☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander

18. Gender: ☐ Female ☐ Male ☐ Not indicated

19. U.S. Citizenship Status:

☐ Native

☐ Naturalized

☐ Alien Permanent A#:_____

Permanent Status: ☐ Resident Alien ☐ Asylee ☐ Refugee

Country of Citizenship? _____

☐ Alien Temporary Visa Type:_____ Visa Expiration Date: _____

Country of Citizenship? _____

☐ Not indicated or Not living in the U.S Do you plan to apply for an F1 or M1 visa? _____

20. Primary Language: ☐ English ☐ Other

21. U.S. Military status: ☐

Educational History:

22. High School Information

☐

Educational Goals:

To be considered for financial aid, students must be in a plan of study that leads to a degree, diploma, or certificate. (Include specialization/sub-plan, if applicable.)

College Transfer Education	Career/Technical Education
Associate of Arts (AA)	Associate of Applied Arts (AAA)
Associate of Science (AS)	Associate of Arts and Sciences (AA&S)
Associate of Applied Science (AAS)	

26. ☐ I plan to pursue a degree, certificate, or diploma from my community college.

    Plan of study/sub-plan_____ (refer to the college catalog).

    ☐ I do not plan to pursue a degree at this time. Reason for taking classes **(check only one)**:

    ☐ Upgrading current job skills

    ☐ Developing skills for new job

    ☐ Exploring career options

    ☐ Pursuing personal interest or general knowledge

    ☐ Currently pursuing degree at another college (transient/visitor)

    ☐ Planning to pursue a degree at another college (non-degree/transfer)

27. **High School Applicants:** ☐ Dual Enrollment ☐ Principal Permission ☐ Dual Enrollment/Principal Permission

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

(If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender,

DOMICILE DETERMINATION FORM

Virginia

Eligibility for in-state tuition is pursuant to Section 23-7.4, *C f* .

Please contact the college admissions o ce if you have any questions.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
5. Are you retired from the U.S. Armed Forces? ☐ Yes ☐ No Were you discharged from the U.S. Armed Forces? ☐ Yes ☐ No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State	**5.** Is the above person retired from the U.S. Armed Forces? ☐ Yes ☐ No Is the above person discharged from the U.S. Armed Forces? ☐ Yes ☐ No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State
6. Are you the dependent of someone retired from the U.S. Armed Forces? ☐ Yes ☐ No Are you the dependent of someone discharged from the U.S. Armed Forces? ☐ Yes ☐ No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State	**6.** Is the above person a dependent of someone retired from the U.S. Armed Forces? ☐ Yes ☐ No Is the above person a dependent of someone discharged from the U.S. Armed Forces? ☐ Yes ☐ No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State
7. Have you lived in Virginia for the last 12 months? ☐ Yes ☐ No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country	**7.** Has the above person lived in Virginia for the last 12 months? ☐ Yes ☐ No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country
8. For the last 12 months, which of the following applies to you: ☐ paid Virginia income taxes on all earned income ☐ filed as a resident in another state (list state) _____ ☐ filed as a resident in Virginia and as a non-resident in another state (list state) _____ ☐ was a resident in a state without income tax (list state) _____ ☐ had no taxable income	**8.** For the last 12 months, which of the following applies to the above person: ☐ paid Virginia income taxes on all earned income ☐ filed as a resident in another state (list state) _____ ☐ filed as a resident in Virginia and as a non-resident in another state (list state) _____ ☐ was a resident in a state without income tax (list state) _____ ☐ had no taxable income
9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? ☐ Yes ☐ No If "Yes," list state _____	**9.** For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least $14,500 of earned income? ☐ Yes ☐ No If "Yes," list state _____
10. For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID? ☐ Yes ☐ No If "No," has the applicant held a Driver's license or DMV ID to any other state? ☐ Yes (List state) _____ ☐ No owned or operated a motor vehicle registered in Virginia? ☐ Yes ☐ No If "No," has the applicant owned or operated a motor vehicle registered in any other state? ☐ Yes (List state) _____ ☐ No been registered to vote in Virginia? ☐ Yes ☐ No If "No," has the applicant been registered to vote in another state? ☐ Yes (List state) _____ ☐ No	**10.** For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? ☐ Yes ☐ No If "No," has the applicant held a Driver's license or DMV ID to any other state? ☐ Yes (List state) _____ ☐ No owned or operated a motor vehicle registered in Virginia? ☐ Yes ☐ No If "No," has the applicant owned or operated a motor vehicle registered in any other state? ☐ Yes (List state) _____ ☐ No been registered to vote in Virginia? ☐ Yes ☐ No If "No," has the applicant been registered to vote in another state? ☐ Yes (List state) _____ ☐ No

***Please note:** If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.*

_____ _____

Signature of Applicant Date

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse Date