

Application for Undergraduate Admission

For office use only	

Start Date: Fall 20____ Spring 20____ Summer 20____

APPLICANT INFORMATION

Legal Name: _____ Name You Prefer: _____
(as on Soc. Sec. Card) Last First Middle

Other Names Appearing on Records: _____

U.S. Social Security Number: _____ - _____ - _____ Date of Birth (mo/day/year): _____ / _____ / _____

Permanent Home Address: _____
Number & Street / P.O. Box City County State Zip Area Code Phone

Current Mailing Address: _____
Number & Street / P.O. Box City County State Zip Area Code Phone

Mailing Address valid until the following date: _____ / _____ / _____ Email Address: _____

GENERAL INFORMATION

Citizenship: USA Other: _____ If you are not a U.S. citizen, you will be required to provide proof of lawful presence in the United States in order to qualify for Idaho residency for tuition purposes.

Native Language: English Other: _____

Are you a U.S. Military Veteran? Yes No Branch: _____ Service Dates: _____ to _____

Have you served in the U.S. Active Reserves? Yes No Branch: _____ Service Dates: _____ to _____

Ethnicity: Are you Hispanic or Latino? Yes No Gender: Female Male

Race: (select one or more) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Has one or more parent earned a bachelor's (4 year) degree or higher: Yes No

Emergency Contact: _____ Name Relationship
(For ALL to complete. If under 18, list parents or guardians here.)

Number & Street / P.O. Box City County State Zip Area code Phone

ENROLLMENT INFORMATION

Intended Degree Type: Certificate Associate Bachelor Second Bachelor

Program Type: Academic Program Career Technical Program

Intended Major: (Refer to the front cover for a list of majors offered)

_____ First _____ Second (optional) Undecided

Enrollment Status: New Transfer Returning (readmission)

Do you plan to apply for federal financial aid? Yes No

Campus Location: Lewiston Coeur d' Alene (limited degrees available)

ACADEMIC INFORMATION

List the last high school you attended and any schools since, including colleges, trade schools, correspondence, etc. Do not omit any schools. Attach a separate sheet if more space is needed. Students seeking certificates or degrees must have official transcripts submitted from each school listed. To be considered official, transcripts must be mailed in a sealed envelope directly from the school to the institution's admissions office, or ordered and sent electronically through the National Student Clearinghouse.

Did/Will you graduate from high school? Yes (month/year _____ / _____) EduID: _____ No

High School: _____ City: _____ State: _____

Do you have a GED or high school equivalency certificate? Yes (month/year _____ / _____) No

If yes, degree-seeking applicants are required to submit official GED test scores.

PREVIOUS COLLEGE ATTENDANCE

Name of College, Trade School, etc.	City & State	Dates Attended	Grad. Date	Degree/# Credits Earned

RESIDENCY Idaho residency for tuition purposes is governed by Section 33-3717B, Idaho Code and IDAPA 08.01.04. Residency for community colleges is determined by county of residence under Idaho Code, 33-2110A.

State of Residence: _____ **From:** ___ / ___ / ___ **to:** ___ / ___ / ___ **If less than 12 months, previous state:** _____
County of Residence: _____ **From:** ___ / ___ / ___ **to:** ___ / ___ / ___ **If less than 12 months, previous county:** _____

Check applicable boxes: Documentation will be requested in order to verify Idaho residency for tuition purposes.

- One or more of my parents/legal guardians or spouse’s parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the term which I plan to enroll, **and** I receive at least 50% of my financial support from my parents/legal guardians.
 Parent’s name and address _____ From ___ / ___ / ___ to ___ / ___ / ___
- I receive **less than** 50% of my financial support from parents/legal guardians. I have continuously resided in Idaho for purposes other than education for at least 12 months prior to the opening day of the term which I plan to enroll.
- I am married to an Idaho resident. My spouse is a resident of _____ County.
- I (or my spouse) is a member of the Armed Forces stationed in Idaho on military orders. I (or my spouse) is stationed in _____ County.
- I am an officer or an enlisted member of the Idaho National Guard.
- One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces of the United States who entered service as an Idaho resident and who has maintained Idaho resident status, but is not stationed within the state of Idaho on military orders.
- One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County.
- I have been separated under honorable conditions from the Armed Forces after at least two years of service. **Check one of the following:**
 - At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation.
 - I intend to make Idaho my state of residence and will actively establish domicile within one calendar year.
- I am/will be a graduate of an accredited secondary school in Idaho, am domiciled in Idaho, and will matriculate within six (8) years immediately following my secondary school graduation regardless of the domicile of the student’s parent or guardian.
- I completed six (6) years of elementary and secondary education in Idaho, am domiciled in Idaho, and will matriculate within six (8) years following my secondary school graduation.
- I am a member of one of the following Idaho Native American Indian tribes: Coeur d’Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone. Lewis Clark State College also recognizes the following American Indian tribes’ customary boundaries: Spokane, Kalispel, Colville Confederated Tribes, Confederated Salish-Kootenai Tribes, Confederated Tribes of Umatilla Indian Reservation & Yakama Tribes.

SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the institution. I certify that all information provided is complete and true. Men between the ages of 18 and 25 must be registered with the Selective Service to be eligible for enrollment at a state college, to receive state and federal financial aid, and to be employed in a state or federal job. You may register with Selective Services online at <http://www.sss.gov>. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. sec. 453, or that I am exempt from the same.

Acceptance or receipt of financial aid and scholarship awards certifies that the funds will be used for educational purposes.

Signature of Applicant: _____ **Date:** _____

Idaho public colleges subscribe to the principles and laws of the State of Idaho and the Federal Government, including applicable executive orders pertaining to civil rights. These institutions are committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, or sex.