

SADDLEBACK COLLEGE

Student ID# _____ Date _____
 Staff Initials _____

Please type or print clearly and complete all information with BLACK INK ONLY. Use this form as a worksheet for applying online, or submit it to the Office of Admissions and Records.

1. Enrollment Status. Enter number in box.

1 = First time in college (after leaving high school).
 2 = First time at Saddleback or Irvine Valley; have attended another college.
 3 = Returning student to Saddleback or Irvine Valley after absent for a term.
 5 = Enrolling in high school (or lower grades) and college at the same time.

2. This application is for (term / year):

FALL 20 _____
 SPRING 20 _____
 SUMMER 20 _____

3. Major field of study: _____

4. What is your main educational goal? Enter number in box.

1 = Prepare for a new career (acquire new job skills).
 2 = Advance in current job/career (update job skills).
 3 = Discover/develop career interests, educational plans and goals.
 4 = Obtain a two-year Associate's degree (vocational) *without transfer*.
 5 = Obtain a two-year Associate's degree (non-vocational) *without transfer*.
 6 = Obtain a vocational certificate *without transfer*.
 7 = Obtain a vocational certificate and transfer.
 8 = Obtain a Bachelor's degree *after* completing an Associate's degree.
 9 = Obtain a Bachelor's degree *without* completing an Associate's degree.
 10 = Maintain a license (e.g., nursing, real estate).
 11 = Improve basic skills in English, reading or mathematics.
 12 = Complete credits for high school diploma or GED.
 13 = Personal development (intellectual, cultural).
 14 = Undecided on an educational goal.
 15 = Move from noncredit coursework to credit coursework.
 16 = Four-year college student taking courses to meet four-year college requirements.

5. First Name _____
Middle Name _____
Last Name _____

5a. Other names you have used. If none, check box:

_____ Last / Family Name First Name Middle Name

6. * Social Security # _____ - _____ - _____
 Required to receive 1098-T Tax Form

7. Date of Birth Month ____ Date ____ Year ____

8. Preferred Email _____

9. Primary Phone # _____ - _____ - _____
Secondary Phone # _____ - _____ - _____

10. Gender Male Female

11. Ethnicity.* Are you Hispanic or Latino? Yes No
11a. What is your race / ethnicity? Circle one or more numbers:

| | |
|------------------------------------|---|
| 2 = American Indian/Alaskan Native | 13 = Filipino |
| 3 = Asian: Cambodian | 14 = Hispanic: Other |
| 4 = Asian: Chinese | 15 = Mexican, Mexican American, Chicano |
| 5 = Asian: Indian | 16 = Pacific Islander: Guamanian |
| 6 = Asian: Japanese | 17 = Pacific Islander: Hawaiian |
| 7 = Asian: Korean | 18 = Pacific Islander: Other |
| 8 = Asian: Laotian | 19 = Pacific Islander: Samoan |
| 9 = Asian: Other | 20 = South American |
| 10 = Asian: Vietnamese | 21 = White |
| 11 = Black or African American | |
| 12 = Central American | |

12. Legal Address / Residence (Do not use P.O. box or business address.)

Number _____ Street _____ Apt. No. _____
 City _____ State _____ ZIP Code _____
 Country _____ I have lived at this address since: Month _____ Date _____ Year _____

13. Mailing Address (if different from legal address)

Number _____ Street _____ Apt. No. _____
 City _____ State / Country _____ ZIP / Postal Code _____

14. Highest Educational Status. Enter appropriate number (1-9) and year in boxes below:

1 = Earned a U.S. High School diploma in _____.
 2 = Special student currently enrolled in grade 12 or below.
 I am currently a senior in high school and will graduate on _____.
 I am currently enrolled in grades K-11.
 3 = Not a high school graduate; currently enrolled in adult school.
 4 = Not a high school graduate; last attended high school in _____.
 5 = Passed the GED or received a certificate of H.S. equivalency in _____.
 6 = Earned California High School Proficiency Certificate in _____.
 7 = Earned a Foreign Secondary diploma or certificate of graduation in _____.
 8 = Earned an Associate's degree in _____.
 9 = Received a Bachelor's or higher degree in _____.
 NUMBER YEAR

15. Full name of the last high school you attended:

_____ Name of High School
 City _____ State / Foreign Country _____ Date Last Attended _____

15a. High School Graduation Date

Month ____ Date ____ Year ____

16. Last college attended. If none, check box:

_____ Name of College _____ Dates Attended _____
 City / State / Country _____ Degree Awarded _____

17. Military Status. Check appropriate box:

- 1 None apply to me.
 - 2 Currently active military.
 - 3 Dependent of currently active military.
 - 4 Member discharged within last year.
 - 5 Member discharged over one year ago (veteran)
 - 6 National Guard or Reserves
- Military Discharge Date:** _____
Military Home (State) of Record: _____

18. Citizenship Status. Check appropriate box:

- 1 U.S. Citizen
 - 2 Permanent Resident: Alien #: _____ Issue Date: _____
 - 3 Temporary Resident: Issue Date: _____ Expiration Date: _____
 - 4 Refugee: Issue Date: _____
 Asylee: Issue Date: _____
 - 5 Student Visa: Issue Date: _____ Expiration Date: _____
(F1 or M1 Visa)
 - 6 Other (Specify): _____
- 19. Place of Birth:** _____
City _____ State _____ Country _____

20. My present stay in California began Month ____ Date ____ Year ____

Have you been a resident of California for the last two years? Yes No

List any additional cities / states you have resided in during the past two years (not including your current legal address):

| | | | | |
|------|-------|--------|------|----|
| City | State | Dates: | From | To |
| | | | | |
| City | State | Dates: | From | To |
| | | | | |

21. Complete this question only if you are under 19 and have never been married.

Name of Parent or Legal Guardian: _____

Relationship to you: Father Mother Legal Guardian Other _____

Is this person a: U.S. Citizen Permanent Resident Alien Other _____

Current residence of this person: _____
State _____ From: _____ Month / Year _____ To: _____ Month / Year _____

Residence covering the past two years: _____
State _____ From: _____ Month / Year _____ To: _____ Month / Year _____

**22. If you are 19 years of age or older, answer the following questions about yourself.
If you are under 19 years of age, answer the following questions about your parent(s).**

Within the last two years, have you (or if you are under 19, have either of your parents) ever —

- registered to vote in a state **other than** California? Yes No If yes, what year? _____
- filed a legal action in a state **other than** California? Yes No If yes, what year? _____
- attended a **non-California** college/university as a resident of that state? Yes No If yes, what year? _____
- filed as a **non-resident** for California State Income Tax purposes? Yes No If yes, what year? _____

NON-DISCRIMINATION POLICY: All programs and activities of the South Orange County Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, gender, marital status, sexual orientation, age, handicap or veteran's status.

DISABILITY NOTICE: If you have a disability, please drop in and visit the Disabled Students Programs and Services at Saddleback College, Rm. SSC 113, to ensure that your individual needs are met, or call the office at (949) 582-4885.

* **NOTICE TO STUDENTS:** Your responses to questions marked with this symbol will be used to provide you with information on college programs and services and/or for research and statistical purposes only. Refusal to provide this information will not be used to deny admission to the college or any of its programs. If additional information is needed to determine your residency status, you will be required to complete a supplemental residency questionnaire and/or to present evidence in accordance with Education Code Sections 68040 et seq. The burden of proof to clearly demonstrate both physical presence in California and intent to establish California residency lies with the student.

NOTICE OF FINANCIAL ASSISTANCE PROGRAMS: Students may apply for financial assistance in the form of grants, work study, and/or student loans, for up to the total cost of education, including enrollment fees, books and supplies, transportation, and room and board expense if enrolled full-time or part-time in an eligible program of study (i.e., certificate, Associate's degree, or transfer).

More information, including online services, is available at the Financial Aid Office: (949) 582-4860 • www.saddleback.edu/fao.

23. Certification:

I am aware that I may apply for financial assistance as described above, and I declare under penalty of perjury under the laws of the state of California that all information on this form is correct. I understand that falsification or withholding of information required on this form shall constitute grounds for dismissal.

Signature _____ **Date** _____