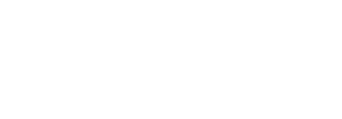
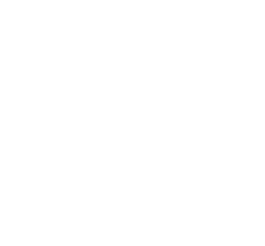


# San Carlos Apache College



**For Office Use Only SID number:**

[A](http://www.tocc.edu/) Course-Delivery Site of Tohono O’odham Community College

# Application for Admission

**Last Name First Name Middle Initial**

**Email Address**

**Contact Phone #:**

**Mailing Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Security Number**: | | United States | Citizen? Yes No | | |
| **Are you a U.S. Veteran?**  Yes No | **Date of Birth:**  Month: | Day: | Year: | **Gender:**  Male | Female |





****Ethnic/Race Background**: American Indian/Alaska Native Caucasian Black (non-Hispanic) Hispanic (*Select One* Asian/Pacific Islander Other, Please Specify:

**Do you have a disability?** Yes  No



**Are you a member of the San Carlos Apache Tribe:**   Yes  No

**Tribal Enrollment Number:**

**Marital Status:**

Single Married

Type:

Hearing

Speech

Learning

Mobility

Vision

### Admission Status:

 Transfer (from another college or university)  New Student  Returning student

 Courses for transfer out





**Academic Goal:**

Associate’s Degree

**Highest Grade Completed:** College Graduate

GED

 Certificate  Non-Degree Seeking

High School Graduate

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact:

First Name: Last Name:

Relationship: Parent Guardian Spouse Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### List all colleges, universities, and technical schools attended:

Name of College/University City/state Date (from) Date (to) Degree Received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### What is the highest degree earned by either of your parents? High School or GED Certificate Associate’s Degree

### Bachelor’s Degree Graduate Degree



I **certify that the information above is true and correct to the best of my knowledge:**

Applicant’s Signature Date

## **How to submit:** Return your completed application the San Carlos Apache College Administration building on San Carlos Avenue; or, Mail to PO Box 344, San Carlos, AZ 85550, Attn: Student Services; or email application to [karen.neptune@scat-nsn.gov,](mailto:karen.neptune@scat-nsn.gov,) or fax completed application to 928-475-2018.