

SOUTH FLORIDA STATE COLLEGE

ESOL Application for Admissions Admissions Office 600 West College Drive, Avon Park, Florida 33825 Phone: 863-453-6661 Fax: 863-453-2365 www.southflorida.edu

South Florida State College pledges to provide equal Access to education and employment opportunity to all regardless of race, color, religion, sex, National origin, age, disability, marital status, political affiliation and sexual orientation. The college adheres to federal and state laws that control equal Access/equal opportunity. Dr. Timothy Wise, Dean of Student Services EA/EO Student coordinator 863-784-7107, Building B, 2nd Floor room 275: <u>Timothy.wise@southflorida.edu</u> Please type or print. Answer all questions on all pages. New students or former students who have not attended the college during the past 12 months are required to complete all sections of this application.

Application period: 🗌 Fall (August) 🗌 spring (January) 🗌 summer (Με

1. Have you previously a		2. Social sec	curity number	3. SFSC Student ID #
4. Last Name:		First Name:		Middle:
5. Mailing Address:				
Street or PO Box	Apt#	City	State/Zip Code	Country
6. Telephone/Email:				
Home Phone:		Cel	lular Phone:	
Email Address:				
7. Sex: 🗌 Male 🗌 Femal	e 8. Date of Birth:	//	9: Place of Birth:	
		MM / DD / YYYY		City, State and Country
10. Emergency Contact Inf	formation:			
Name:			Phone:	
Relationship of Student:				
Native Hawaiian 12. Citizenship:	ore: America	n Indian or Alask slander 🔲 White	a Native 🗌 Asian 🗌	Black or African American
US Citizen (If be	orn out of United S	States must provid	e proof of US Citizen	s provide information below: ship)
		~		
(Attach Copy)		Card Number	Category	Expiration Date
(Attach Copy) Alien (Must pro) vide copy of valid	Card Numb Passport and visa)	er Catego	ory Expiration Date
13. Educational levels of pa				st Visa (B-1/B-2) or a Visa Waiver
Regardless of your age, please indica	C			
If you do not know a pareIf you were raised by just		-	select "Unknown" t or guardian raised me" for	the second question
a. Highest Level of Education - Pa	arent or Guardian 1:			

Less than high school, no diploma
High school diploma or equivalent/GED

some college, no degree
Associates degree or two-year degree

	nical school 🔲 Bachelor's or four-year degree professional degree (e.g., law, psychology, medicine, pharmacy, etc.)
Highest Level of Education - Parent or Guardian 2:	
Less than high school, no diploma	some college, no degree
High school diploma or equivalent/GED	Associates degree or two-year degree
College certificate – business, trade or techn	nical school 🔲 Bachelor's or four-year degree
Graduate (e.g., masters, doctorate, etc.) or j	professional degree (e.g., law, psychology, medicine, pharmacy, etc.)

Graduate (e.g.,	, masters,	doctorate,	etc.) or profe	ssional deg	ree (e.g., lav	v, psychology	, medicine,	pharmacy	, etc.
Unknown			_	_	_				

In compliance with Florida Statute 119.071(5), SBE Rule 6A-1.0955(3) (e), South Florida State College (SFSC) issues this notification regarding the purpose of the collection and use of your SSN. SFSC collects your SSN for use in performance of the college's duties and responsibilities. To protect your identity, SFSC will secure your SSN from unauthorized access. Each student at SFSC will be issued a unique student identification number to be used for all educational purposes at South Florida State College, including registration, access to your online records, etc. Federal legislation relating to the Hope Tax Credit IRC Section 25A requires that all postsecondary institutions report the SSN of all post- secondary students to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for colleges to collect the SSN of every student. A student may refuse to disclose his/her SSN to the college, but refusing to comply with the federal requirement may result in fines established by the IRS. All SSNs are protected by federal regulations and are never released to unauthorized parties. The Financial Aid Office collects SSNs as mandated by the following: 20 USC 1078; 20 USC sections, 1090, 1091, and 1092. Section 483 of the Higher Education Act of 1965 (collection of SSNs of students and parents) 34 CFR 668.16, (administrative use) 34 CFR 668.33 (verify residency) 34 CFR 668.36, (verify with FAFSA).

□ I have read & understand the above regarding my SSN

Signature of Applicant

b.

Parent signature of Applicant

Date

Date

Revised 05/31/2018