Application for Admission

Lamar Community College
2401 South Main
Lamar, CO 81052
Phone: 719.336.1590 or 800.968.6920
E 740,000,0400



20	Please indicate the year and t	erm you wish to enroll:			590 or 800.968.6920 9.336.2400	LAMAR COMMUNITY COLLEGE
"Your SDN is not required but is used to match passhaure records, and is required for education as credits, and some financial aid: Last Name:	20 Summer	Fall	Spring			COMMONIT COLLEGE
Previous Name (if applicable):						
Previous Name (if applicable):	Last Name:		First Name:		Middle Name:	
Street						
Street	Local/Mailing Address					
County:	-				City:	
Preferred Phone Number: Personal email address: Permanent Address (If different from Local/Mailing Address) Street:						
Permanent Address (If different from Local/Mailing Address) Street:						
Street:						
County:	-				0 1	
eteran/Military Service Current Employment Status While at this College do you intend to: Gender None					-	
None Time at the Source Value Male Vetran or Dependent Full-time (30+ hrs/week) Earn a tachnical degree (AS) Male Active Duty Vetran Paraline (1-29 hrs/week) Earn a cachnical degree (AS) Female Active Duty Willary Not employed Take a few courses for transfer to another college Take a few courses for transfer to another college Take a few courses for transfer to another college Take a few courses for transfer to another college Take a few courses for transfer to another college In onsider yourself a displaced homemaker? Yes No Mele No our consider yourself a displaced homemaker? Yes No Transfer student, no college or university experience In on which of your parents attended college? Moter Father If you are unsure of your program choice, choose Associate of Applied Science if you ARE planning to transfer, or an Associate of Applied Science if you ARE planning to transfer, or an Associate of Applied Science if you are NOT planning to transfer, or an Associate of Applied Science if you are NOT planning to transfer. Parents associate of Applied Science if yoursel as answer the following question. If ho, which of your parents attended college? High School Name: Colorado state law requires th all males who are at least if years answer the following question. I						
Weteran or Dependent Full-time (30+ hrs/week) Earn a technical degree (AAS) Female Active Duty Veteran Part-time (1-29 hrs/week) Earn a technical degree (AAS) Female Active Duty Weteran Part-time (1-29 hrs/week) Earn a technical degree (AAS) Female Yearnch of Service: Take a few courses for transfer to another college Take a few courses for job or career reasons Active Duty Weteran None of the above None of the above Po you consider yourself a single parent? Yes No No you consider yourself a single parent? Yes No Yes No Readmit, I am returning to this college or university experience No you consider yourself a single parent? Yes No Yes No Readmit, I am returning to this college or university experience If no, which of your parents attended college? Mother Father If no, which of your parents attended college? Mother Father VHAT IS YOUR INTENDED PROGRAM OF STUDY? If you are unsure of your parents attended college? Colorado state law requires th all males who are at least 17 Years A an high school High School/GED Information Colorado state law requires th all males who are at least 17		Current Emplo	oyment Status			Gender
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rer you a first generation college student? Yes No					-	
If no, which of your parents attended college? Mother Father	, , ,	•			turning to this college _	
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Earned a GED Currently enrolled in high school? Yes No years of structure of age but with the selective service? Certificate If yes, expected graduation date:			0		all m	ales who are at least 17
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	Masters degree		GED completed?	Yes No	Voc	No
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Name of College:	Professional degree (MD	., JD, MBA)	State completed: _			5
City:	Most Recent Prior College (If a	pplicable)				<u>v</u>
Citizenship Ethnicity (for federal reporting) Race (select one or more) U.S Citizen Non U.S. Citizen Hispanic or Latino American Indian or Alaskan Native Country of Origin Mon U.S. Citizen Not Hispanic or Latino Asian Visa Type: Black or African American	Name of College:					
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Country of Origin		Non U.S. Citizen				
Visa Type: Black or African American						
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			DD-YY)		Native Haw	aiian or Pacific Islander

College Opportunity Fund (COF) provides a stipend to eligible undergraduate students. The stipend pays a portion of your total in-state tuition. You must apply online at www.CollegeinColorado.org in order to receive this stipend.

Residency Questions - Please answer the following questions. Failure to answer a question may result in your being misclassified for tuition purposes. Please contact the Office of Admissions if you need assistance.

Questions for Colorado high school students

Yes ____ For the last three years, were you enrolled in a Colorado high school? No ____ Did you or will you graduate from a Colorado high school before you enroll in College? No Yes

Questions for GED recipients

Did you earn your GED in Colorado? Yes No If yes, have you resided in Colorado for the last three years? Yes No

Additional Residency Questions - All Students

If you are under the age of 23 and not married please answer the questions for your parent or guardian. If you are over 23 or under 23 and have been married for at least a year please provide only your information.

What is your current age? _____

	Parent Guardian		Your Information	
Dates of continuous physical presence in				
Colorado.	(mm/yy) to (mm	/yy)	(mm/yy) to	_ (mm/yy)
List any dates of extended absences from				
Colorado in the last two years.	(mm/yy) to (mm	/уу)	(mm/yy) to	_ (mm/yy)
List the last two years Colorado income taxes				
have been filed.	(year) and (year))	(year) and	(year)
Current driver's license or identification card.				
	Date Issued:		Date Issued:	_
	New Renewal		New Renewal	_
	Number		Number	_
	State		State	_
	Do not have license or ID card		Do not have license or ID card	
List the last two years of Colorado motor vehicle registration.	(mm/yy) and	(mm/yy)	(mm/yy) and	(mm/yy)
	Not applicable		Not applicable	
List the dates of employment in Colorado.	(mm/yy) and	(mm/yy)	(mm/yy) and	(mm/yy)
	Not applicable		Not applicable	
Date of Colorado voter registration.				
	(mm/yy)		(mm/yy)	

If you are active duty military or a dependent of an active duty military service member assigned to a Permanent Change of Station in Colorado, you may be eligible for in-state tuition rates. Contact your military base Education Office for documentation.

I hereby certify that to the best of my knowledge the information furnished in this application is true and complete without the intent of evasion or misrepresentation. I understand that if the above information submitted is found to be false or misrepresented it is subject to penalty of perjury and is sufficient cause for tuition reclassification or dismissal.

Applicant Signature

Parent or Legal Guardian if Applicant is under 18

Date

Institutions using this application form do not discriminate on the basis of race, color, national origin, gender, age, or disability in admission or access to its education programs or activities. Inquiries concerning Title VI, IX and Section 504 may be referred to the affirmative action officer of the institution to which you are applying.

For office use only: Student ID: ______Program of Study Code: _____