



CPO Box 689 ❖ Agency Village, SD 57262-0689 ❖ 605-698-3966

## Application for Admission

What semester and year do you plan to enroll:

Fall  Spring  Summer  Year 20 \_\_\_\_\_

Have you attended SWC before?

Yes  No

Do you plan to Enroll:

Full-Time (12 or more Credits)

3 Qtr-Time (9-11 Credits)

Half-Time (6 to 8 Credits)

Part-Time (less than 6 Credits)

Audit (NO Credits)

Term & Year last attended: \_\_\_\_\_

**Important Notice: Please complete all requested information on this application or your application will be considered incomplete and cause delay of admittance.**

### 1. Personal Information

Full Name: \_\_\_\_\_

Former Names Used: \_\_\_\_\_

Other Names: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

e-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a Veteran? Yes  No  Gender: Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed

Emergency Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 2. Race Information

The following information is requested based on funding provided by the Tribally Controlled Community College Assistance Act of 1978:

What is your Race? Native American  African American  Hispanic/Latino   
Caucasian/White  Asian American  Other

Are you an enrolled member of a federally recognized tribe? Yes  No  Census/Enrollment #: \_\_\_\_\_

Name & Location of Tribe: \_\_\_\_\_

Which SWO District: \_\_\_\_\_

### 3. GED Information

Did you earn a GED? Yes  No

If yes, please indicate below the GED Testing Center you have received your GED from:

Name and Address of Testing Center: \_\_\_\_\_

Date of test: \_\_\_\_\_

### 4. High School Information

Did you graduate from High School? Yes  No

Name & Address of High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Please select one of the following, Is this High School

- (1) a Public School located on a reservation
- (2) a Public School located off the reservation
- (3) a BIA High School or
- (4) a Tribal or Contract School
- (5) Other High School

Type: \_\_\_\_\_

Have you taken the ACT and/or SAT? Yes  No

Which one? \_\_\_\_\_

### 5. College Information

Have you attended another College or University, were credits earned?

Yes

No

If you have attended another college or university, please provide the following information for each institution, (attach additional sheet if necessary)

**You are required to submit an official transcript for all institutions you have attended.**

➤ Name of 1st College: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

➤ Name of 2nd College: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Dates of Attendance and Degrees earned: \_\_\_\_\_

Please check which major you will be pursuing:

#### \*\*Academic programs (A.A.)

##### Associate Arts

- Dakota Studies
- General Studies

##### \*Certification Programs

- Dakota Language Teaching
- Licensed Practical Nursing

#### Associate of Science Degree (A.S.)

##### Associate of Science

- Addiction & Diversity Counseling
- Behavioral Science
- Bus Administration
- Bus Adm/Acctg Emphasis
- Early Childhood Development
- Sustainable Environmental Studies

#### \*\*Vocational/Technical Programs

##### (A.A.S.) Associate of Applied Science

- Business Specialist
- Carpentry Technology
- Computer Systems Technology
- \*Multimedia Technology
- \*1 year Certificate Program
- \*\*2 Year Degree Program

## 6. Student Support Services

Major: \_\_\_\_\_

College Status: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_

Are you currently on academic probation? Yes  No

Do you have an SWC advisor? Yes  No  Advisor's Name: \_\_\_\_\_

Have you applied for financial aid assistance? Yes  No  If no, reason: \_\_\_\_\_

Do your parents claim you on their income tax return? Yes  No

What type of financial aid are you receiving? PELL grant \_\_\_\_\_ BIA \_\_\_\_\_ None \_\_\_\_\_  
 Scholarship \_\_\_\_\_ Elderly Tution \_\_\_\_\_

Plans after graduation? 4 yr. degree \_\_\_\_\_ Full-time employment \_\_\_\_\_ Other \_\_\_\_\_

Are you in need of student housing? Yes  No

## 7. Survey Questions

1. How well do you speak your Tribal Language? None  Basic  Intermediate  Advanced  Fluent

2. What is your Tribal Language? \_\_\_\_\_

3. Is English your primary Language? Yes  No

4. Do you live in a family or community in which a language other than English is the primary Language? Yes  No

5. Has your mother received a 4-year college degree? Yes  No

6. Has your father received a 4-year college degree? Yes  No

7. Do you receive any of the following for your family: Food Stamps: Yes  No   
 TANF/AFDC or ET Demo: Yes  No   
 Free/Reduced Meals: Yes  No

7. Are you a Displaced Homemaker? (Learning marketable skills for the first time because of a divorce or widowed.) Yes  No

8. Is your Primary Residence on or near a reservation (within 60 miles)? Yes  No

9. Which best describes you?  Single with No Children      No. of Dependents \_\_\_\_\_  
 Single with Dependent Children  
 Married with No Children  
 Married with Dependent Children

10. How did you hear about SWC? (Circle One)  
 SWC Recruiter      Family/Friends      School Counselor  
 Web/Internet      Employer      TV/Newspaper

11. Who can we thank for referring you to Sisseton Wahpeton College:

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## 8. Selective Service Certification

1.  I certify that I am registered with Selective Service
2.  I certify that I am not required to register with Selective Service because:
  - I am female
  - I have not reached my 18th birthday
  - I was born before 1960
  - I am in the armed services on active duty (Note: Members of the reserves and National Guard are not considered on active duty.)
  - I am a permanent resident of the Trust Territory of the Pacific Island of the Northern Marina Islands

## 9. Disability Information

Are you an individual with a disability?       Yes       No

If you have a disability for which accommodations may be necessary, please submit a confidential written request for disability accommodations to Vince Owen, P.O. Box 689 Sisseton, SD 57262 or call (605) 698-3966 Ext.1246. Written documentation of disability is usually required. Disability accommodation information will be confidential and used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act.

## 10. Clubs/Activities

The following clubs are available at SWC. Please check the ones you would be interested in knowing more about:

- Dakota Club
- American Indian Business Leaders (AIBL)
- Student Senate

## 11. Signature Verification

Please sign and date your application in ink, as without a signature and date your application cannot be processed. I hereby certify that all of the information on this application is true.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Sisseton Wahpeton College offers all education programs, materials, and services without regard to age, race, color, religion or national origin. SWC is an Equal Opportunity Affirmative Action Employer.

**FAX #:** (605) 698-3132

**Website Address:** <http://www.swc.tc>