

Name: _____

ACADEMIC INFORMATION

Have you taken the: ACT: Date _____ SAT: Date _____ COMPASS: Date _____

List the last high school you attended and any schools since, including colleges, trade schools, correspondence, etc. *Do not omit any schools.* Attach a separate sheet if more space is needed. Failure to list all schools attended, or submission of inaccurate information, is considered fraud and is cause for refusal of admission or dismissal from the institution. **Students seeking certificates or degrees must have official transcripts submitted from each school listed.** To be considered official, transcripts must be mailed in a sealed envelope directly from the school to the institution's admissions office.

Did/Will you graduate from high school? Yes (month/year _____ / _____) No

High School: _____ City: _____ State: _____

Do you have a GED or high school equivalency certificate? Yes (month/year _____ / _____) No
If yes, degree-seeking applicants are required to submit official GED test scores.

Are/Were you a Tech Prep Student? Yes No If yes, in which program area did you enroll? _____

PREVIOUS COLLEGE ATTENDANCE

Name of College, Trade School, etc.	City & State	Dates Attended	Grad. Date	Degree/# Credits Earned

RESIDENCY Section 33-3717B Residency Requirements, Idaho Code
IDAPA 08.01.04 – Rules Governing Residency Classification

Idaho residency status **MAY** be determined by one or more of the following. Residency for community colleges is determined by county of residence.

State of Residence: _____ From: ___ / ___ / ___ to: ___ / ___ / ___ If less than 12 months, previous state: _____

County of Residence: _____ From: ___ / ___ / ___ to: ___ / ___ / ___ If less than 12 months, previous county: _____

You MUST check at least one box below. Checking any one box does not guarantee Idaho residency for tuition purposes. Records may be requested.

- One or more of my parents/legal guardians or spouse's parents is domiciled in Idaho and has maintained a bona fide domicile in Idaho for at least 12 months prior to the opening day of the term which I plan to enroll, **and** I receive at least 50% of my financial support from my parents/legal guardians.
Parent's name and address _____ From ___ / ___ / ___ to ___ / ___ / ___
- I receive **less than** 50% of my financial support from parents/legal guardians. I have continuously resided in Idaho for purposes other than education for at least 12 months prior to the opening day of the term which I plan to enroll.
- I am/will be a graduate of an accredited Idaho high school and I will attend this institution during the term immediately following high school graduation.
- I am married to an Idaho resident. My spouse is a resident of _____ County.
- I or my spouse is a member of the Armed Forces stationed in Idaho on military orders. I or my spouse is stationed in _____ County.
- I am an officer or an enlisted member of the Idaho National Guard.
- One or more of my parents/legal guardians, from whom I receive 50% or more of my support, is a member of the Armed Forces stationed in Idaho. They are stationed in _____ County.
- I have been separated under honorable conditions from the Armed Forces after at least two years of service. **Check one of the following:**
 - At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering this institution within one year of the date of separation.
 - I intend to make Idaho my state of residence and will actively establish domicile within one calendar year.
- I have been away from the State of Idaho for a period of less than 30 months. I have not established legal residence elsewhere. I was a resident of the State of Idaho for a continuous 12-month period immediately prior to departure.
- I am a member of one of the following Idaho American Indian tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai.
- I am not a resident of Idaho for fee paying purposes.

SIGNATURE

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission or dismissal from the institution. I certify that all information provided is complete and true. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. sec. 453, or that I am exempt from the same. Men between the ages of 18 and 25 must be registered with the Selective Service to be eligible for enrollment at a state college, to receive state and federal financial aid, and to be employed in a state or federal job. You may register with Selective Services online at <http://www.sss.gov>.

Acceptance or receipt of financial aid and scholarship awards certifies that the funds will be used for educational purposes.

Signature of Applicant: _____ Date: _____

Idaho public colleges subscribe to the principles and laws of the State of Idaho and the Federal Government, including applicable executive orders pertaining to civil rights. These institutions are committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, or sex.