



Term \_\_\_\_\_ SSN\* or Student ID Number \_\_\_\_\_ Legal Name (Last, First, MI) \_\_\_\_\_ Suffix \_\_\_\_\_

\*If you have attended PSC in the past, use your ID number. Use your SSN if you have never attended PSC. Review the SSN Collection and Usage Statement provided.

Date of Birth (Month/Day/Year) \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_ Secondary Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Personal Email Address \_\_\_\_\_

Email: You will be provided a College email address. Please access your Pirate Mail on the College web site by clicking on the Pirate Mail icon. You must check your Pirate Mail at least once a week.

For this form to be processed, you must select an answer to each section below.

<b>Gender</b> Select one.		<b>Ethnicity</b> Are you Hispanic/Latino?		<b>Race</b> Select all that apply.	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<b>Citizenship</b>		<b>If you are not a U.S. citizen, indicate your immigration status. Documentation may be required.</b>			
<input type="checkbox"/> United States <input type="checkbox"/> Other Country _____		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Provide Resident Alien Number _____ Visa Type and Expiration Date _____ Provide Information _____	
<b>Highest School Grade Completed</b>		<b>Check (✓)</b>			
No schooling					
Completed at least part of 1 <sup>st</sup> through 11 <sup>th</sup> Grade. Highest Grade Completed					
Completed twelfth grade - No Diploma or Equivalency					
Earned a high school diploma					
Earned a high school equivalency					
Disabled and attained a high school certificate of attendance/completion by completing an Individual Education Plan (IEP)					
Some college; no degree or certificate					
College-Earned Career Certificate					
Associate in Applied Science Degree					
Associate in Science Degree					
Associate in Arts Degree					
Bachelor's Degree					
Beyond Bachelor's Degree					
<b>Where was this educational level achieved?</b>		<input type="checkbox"/> United States based schooling <input type="checkbox"/> Foreign schooling			
<b>If you graduated from high school or earned the GED, provide the information requested below.</b>					
High School Diploma		_____ Name of High School                      Location (City/State)                      Graduation Date (Mo/Yr)			
GED Diploma		_____ Testing Agency                      Location of agency (City/State)                      Graduation Date (Mo/Yr)			

<b>Employment Status: Select one.</b>
<input type="checkbox"/> Unemployed – Not Seeking Employment <input type="checkbox"/> Unemployed – Looking and Eligible for Employment <input type="checkbox"/> Employed (Paid or Unpaid or Absent Because of Illness, etc.) <input type="checkbox"/> Employed with Notice of Termination or in Transition out of Military
<b>If Unemployed: Answer Yes or No.</b>
Have you been unemployed for 27 or more weeks at the time of program entry? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income Status: Answer Yes or No to each question.</b>
1. Do you or a member of your immediate family receive benefits through SNAP/TANF, SSI, or other state public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does your total family income exceed the higher of the poverty line or 70% of the lower living standard income level? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you currently in a foster program? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you have a disability and a personal income that is at or below the poverty line? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Are you a youth living in a high-poverty area? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income Status: Answer Yes, No, or Not Applicable.</b>
Will you exhaust TANF eligibility within 2 years of program entry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Background: Select all that apply.</b>
<input type="checkbox"/> Disabled <input type="checkbox"/> On public assistance <input type="checkbox"/> Living in rural area <input type="checkbox"/> Single parent <input type="checkbox"/> Single pregnant woman <input type="checkbox"/> Perceived employment barriers <input type="checkbox"/> Previously or currently subject to any stage of the criminal justice process <input type="checkbox"/> Low-income individual (or their dependent) employed primarily in farming, currently unemployed, or finding difficulty obtaining work for 12 months out of the last two years Migrant or seasonal farmworker (or their dependent) <input type="checkbox"/> Homeless but staying in non-traditional housing (ex: park, abandoned building, or bus station) <input type="checkbox"/> Homeless without a fixed, regular nighttime residence <input type="checkbox"/> Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment <input type="checkbox"/> Runaway <input type="checkbox"/> Previously worked as an adult without pay to care for home and family and is unemployed or underemployed <input type="checkbox"/> Previously dependent on public assistance or income of a relative and now unemployed or underemployed <input type="checkbox"/> Parent whose youngest child will become ineligible (at age 16) to receive assistance under the program for Aid to Families with Dependent children under Part A of the Title IV of the Social Security Act <input type="checkbox"/> Unemployed dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a permanent change of station, or the service-connected death or disability of the spouse
<b>Goal(s) for Attending Class(es): Select all that apply.</b>
<input type="checkbox"/> Pass the GED <input type="checkbox"/> Enter post-secondary education or job training <input type="checkbox"/> Retain current job (unsubsidized) <input type="checkbox"/> Obtain a job (unsubsidized)
I affirm that the information provided in this application is true and accurate. I understand that enrollment information and test scores may be released for federal and state reporting requirements. I have been provided the Social Security Collection and Usage Statement.
Signature _____ Date _____

Pensacola State College does not discriminate on the basis of race, color, national origin, sex, disability, age, ethnicity, religion, marital status, pregnancy, sexual orientation, gender identity or genetic information in its programs, activities and employment. For inquiries regarding the College's non-discrimination policies, contact the Executive Director of Institutional Equity and Student Conduct, 1000 College Boulevard, Building 5, Pensacola, Florida 32504, (850) 484-1759