

# Southern State Community College Admission Application Form

Complete the application and return to the Admissions Office at Southern State Community College, 100 Hobart Drive, Hillsboro, OH 45133. A high school transcript or copy of the GED should also be submitted. If you plan to apply for financial aid, you must submit a H.S. transcript or GED. If you have attended another college or university, please have the Registrar mail an official college transcript to the Admissions Office. If you are formerly a student at SSCC, complete the Application for Readmission.

## PART I

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      Last Name      First Name      Middle Initial      Birth Name

\_\_\_\_\_  
Street Address/PO Box/Apt. #      City      State      Zip Code      County

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth      Phone (\_\_\_\_\_)      Cell Phone (\_\_\_\_\_)      E-mail address

Are you a citizen of the United States?  Yes  No | If no, are you a permanent resident of the U.S.?  Yes  No  
Have you lived in Ohio for the past 12 months?  Yes  No | If no, previous state of residence \_\_\_\_\_ and date moved to  
Are you a veteran/service member?  Yes  No      Ohio: Month \_\_\_\_\_ Year: \_\_\_\_\_

## PART II - Optional

Race/Ethnic Background: (Providing this information is strictly voluntary. SSCC will keep all information gathered from this inquiry strictly confidential. Failure to respond to this inquiry will not subject the applicant to any adverse action.)

Are you Hispanic or Latino?  Yes  No

Race (mark one or more):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

Sex: (Optional)  Male  Female

## PART III

Campus Preference:  Brown Cty Campus (Mt. Orab)  Central Campus (Hillsboro)  Fayette Campus (Washington CH)  
 North Campus (Wilmington)  Other location

Term of Anticipated Enrollment:  Fall  Spring  Summer

## PART IV

Educational Goals:

- To obtain knowledge for personal interest
- To obtain an associate degree for transfer
- To train for a new career by taking only selected courses
- To transfer before completing a degree or certificate
- To upgrade skills for current job by taking only selected courses
- To obtain a certificate
- To obtain an associate degree for the job market
- Unknown

Academic Program (Major) \_\_\_\_\_

\_\_\_\_\_  
High School/GED      Address      Date of Graduation/GED received

\_\_\_\_\_  
College/University/Career Center      Previous Major      Address      Dates of Attendance      Date of Graduation  
(if applicable)

Parents' Highest Level of Schooling - Please check one:

- Mother:  Elementary (K-8)  Some high school (9-12)  H.S. graduate  GED  Some college  Associate's degree (2 yr.)  
 Bachelor's degree (4 yr.)  Some graduate school  Graduate degree (master's or doctorate)  Don't know
- Father:  Elementary (K-8)  Some high school (9-12)  H.S. graduate  GED  Some college  Associate's degree (2 yr.)  
 Bachelor's degree (4 yr.)  Some graduate school  Graduate degree (master's or doctorate)  Don't know

## PART V

In the event of an emergency, notify \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name and phone number of individual legally authorized to make medical decisions)

I verify that the information given on this application is accurate to the best of my knowledge and recognize that deliberately giving false information can be grounds for dismissal from the College.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SSCC does not discriminate against applicants, employees, or students on the basis of race, color, creed, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship, gender identity, sexual orientation, or disability. Questions about this should be directed to the Title IX Coordinator, 100 Hobart Drive, Hillsboro, OH, 45133; (937) 393-3431. Accommodations for persons with disabilities may be made through the Section 504 Coordinator, 100 Hobart Drive, Hillsboro, OH 45133; (937) 393-3431.

# Southern State Community College High School Transcript Request Form

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Highschool \_\_\_\_\_

Address \_\_\_\_\_

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

STUDENT: If your high school charges for transcripts, you are required to send your request directly to the high school with the appropriate fee. We cannot send the payment for you.

TO WHOM IT MAY CONCERN:

Please send a copy of my high school transcript to the following address:

ADMISSIONS OFFICE  
SOUTHERN STATE COMMUNITY COLLEGE  
100 HOBART DRIVE  
HILLSBORO, OHIO 45133

Transcript MUST include graduation date.

Please return this form with transcript. Thank you.

Name while in high school (please print) \_\_\_\_\_

Date of graduation \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current student name \_\_\_\_\_

Current address \_\_\_\_\_

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

Telephone number \_\_\_\_\_

Social Security number \_\_\_\_\_

Student's Signature \_\_\_\_\_