



SAGINAW CHIPPEWA TRIBAL COLLEGE

Admissions Questionnaire

Semester: _____
Year: _____

Must be completed prior to registration

STUDENT INFORMATION					
Social Security #	First Name	Last Name	MI	Suffix (jr., II.)	Maiden Name
Date of Birth		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Tribal Affiliation (if any)	<input type="checkbox"/> SCIT Member <input type="checkbox"/> SCIT Descendant <input type="checkbox"/> SCIT 2 nd Descendant <input type="checkbox"/> Canadian First Nations <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Descendant of Other Tribe (write above)	Enrolled Member #:	_____	Race	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other: _____
	-OR-		Descendant Information:		
		<ul style="list-style-type: none"> • Parent name: _____ • Enrollment #: _____ 			

CONTACT INFORMATION					
Mailing Address(es) (please check if new)	Street	City	State	Zip Code	Responsible Billing Party Information
<input type="checkbox"/> Mailing <input type="checkbox"/> Home (if different) <input type="checkbox"/> Billing (if different)					<input type="checkbox"/> Self <input type="checkbox"/> SCIT Higher Ed Scholarship <input type="checkbox"/> Other: _____ _____
Phone Numbers (please select your preferred #)	<input type="checkbox"/> Home: _____	<input type="checkbox"/> Cell: _____	All students are provided with a college email account in the form of lastname.firstname@sagchip.edu . We will use this email to share important information with you such as financial aid. If you do not know how to access your account, ask.		
Emergency Contact Information					
Name: _____		Phone: _____			

Please Complete Both Sides

REQUIRED REPORTING INFORMATION				
Veteran?	Family Information	Employment Status	Have either your parents or grandparents attended a college/university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married without Dependent Children <input type="checkbox"/> Married with Dependent Children <input type="checkbox"/> Single without Dependent Children <input type="checkbox"/> Single with Dependent Children	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed	Did you attend a Head Start Program as a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability?		What is your average yearly family income?	Are you responsible for elderly family members in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No			Is your primary residence on or within 60 miles of a reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you graduated from High School, what type of High School was it?			Please rate your ability to speak an American Indian Language	
<input type="checkbox"/> Public High School NOT located on a reservation <input type="checkbox"/> Public High School located on a reservation, but not a Tribal School (like Aabizikaawin) <input type="checkbox"/> BIA School <input type="checkbox"/> Tribal or Contract (private) High School <input type="checkbox"/> Other High School: _____			<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent	

ENROLLMENT INFORMATION				
High School/GED Testing Center Name _____				
Street _____		City _____	State _____	Zip Code _____
Graduation Date _____		GED Date _____		
Last College Attended, if any: _____				
What state are you a resident of? _____		Are you a...		
		<input type="checkbox"/> Regular, First-time Student <input type="checkbox"/> Transfer Student <input type="checkbox"/> Dual Enrollment Student <input type="checkbox"/> Special Non-Degree Seeking Student (registering for a class to transfer out or have not obtained a High School degree or GED) <input type="checkbox"/> Community Education Student		

I certify that the information I have given on this questionnaire is complete and accurate to the best of my knowledge.

Student's signature: _____ Date: _____

OFFICE USE ONLY						
Documents Received:	<input type="checkbox"/> DL	<input type="checkbox"/> SS Card	<input type="checkbox"/> Tribal ID	<input type="checkbox"/> HS Diploma/GED	<input type="checkbox"/> College Transcripts	<input type="checkbox"/> Birth Certificate