



SAGINAW CHIPPEWA TRIBAL COLLEGE

2274 Enterprise Dr. Mount Pleasant, MI 48878
 Tel.: (989) 317-4760 email: sctcinfo@sagchip.edu web: www.sagchip.edu

Semester: _____
Year: _____

Admissions Form

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: _____ _____	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: _____
	<input type="checkbox"/> Descendant of Other Tribe (write above)	-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"/> Self <input type="checkbox"/> SCIT Higher Ed Scholarship <input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> Home (if different)					
<input type="checkbox"/> Billing (if different)					
Phone Numbers (please select your preferred #)	<input type="checkbox"/> Home: _____		<input type="checkbox"/> Cell: _____		
Emergency Contact Information					
Name: _____			Phone: _____		

All students are provided with a college email account in the form of firstname.lastname@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.

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	
Reason for attendance (please check only one): <input type="checkbox"/> Degree <input type="checkbox"/> Transfer <input type="checkbox"/> Employment Skills <input type="checkbox"/> Personal Interest				

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