

Empl ID \_\_\_\_\_

Office Use Only

## South Louisiana Community College Application for Admission

### Mail application to:

South Louisiana Community College  
Attn: EMSE Department  
320 Devalcourt Street  
Lafayette, LA 70506-4124  
Phone: 337-521-8896

Complete form and mail or bring it to the SLCC Lafayette campus.  
Please print in blue or black ink or type.  
**DO NOT FAX APPLICATION.**

\_\_\_\_\_  
Name (LAST, SUFFIX, FIRST, MIDDLE)

\_\_\_\_\_  
Former last name

\_\_\_\_\_  
Social Security Number

Are You:  Male  Female    Marital Status:  Married  Single  Divorced  Head of Household

### Citizenship status which best fits you:

Native (US Citizen)     Alien, Permanent Resident    Alien Number \_\_\_\_\_  
 Alien, Temporary     Non-US Citizen    Visa Type \_\_\_\_\_

Date of Birth:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

### Ethnic origin which best fits you:

Caucasian     African American     American Indian     Hispanic  
 Asian or Pacific Islander     Other race \_\_\_\_\_

Site you plan to attend:  Alexandria  Baton Rouge  Covington  Gretna  Houma  Lafayette  Lake Charles  
Second choice:     Alexandria  Baton Rouge  Covington  Gretna  Houma  Lafayette  Lake Charles

E-Mail (optional) \_\_\_\_\_    Local Telephone \_\_\_\_\_

\_\_\_\_\_  
Local Home Address

\_\_\_\_\_  
Apt No.

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Permanent Mailing Address (If different from above)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Permanent Home Telephone

\_\_\_\_\_  
Home Parish or County

\_\_\_\_\_  
Home State or Country

### When do you plan to enroll with SLCC/National EMS Academy?

- Summer 2012 BASIC  
 Fall 2012 BASIC  
 Fall 2012 PARAMEDIC-(must be EMT-Basic certified)

### Have you applied for admission at SLCC/National EMS Academy before?

No     Yes    If yes, when? \_\_\_\_\_

### STUDENTS WITH DISABILITIES:

Do you have a special condition which you feel may affect your academic or physical activities at SLCC?  
If so, please contact the Office for Services for Students with Disabilities at (337) 521-8907.

**B. CURRENT EDUCATIONAL GOAL: (Please check only one)**

Degree-Seeking at SLCC

- Associate of Applied Science in  
Emergency Medical Services Education

Non-Degree-Seeking at SLCC

- EMT-Basic Only  
 EMT-Paramedic

**C. EDUCATIONAL HISTORY: (Attach separate sheet if more space is needed for “high school” or “previous college”)**

<u>Last High School Attended</u>	<u>Location</u> (City, State, Country)	<u>Parish</u> (If Louisiana High School)	<u>High School Graduation</u> Did you (or will you) graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No <input type="checkbox"/> GED		
<u>College or University Previously Attended</u> (Begin with the first attended- Include SLCC if previously attended)	<u>Location</u> (City, State, Country)	<u>Dates of Attendance</u> From To (Month/Yr) (Month/Yr)		<u>Credit Hours Earned</u>	<u>Degree Earned</u> ( If Any)

**Is this your first time attending any college/university?**  Yes  No

**If no, are you at this time eligible to enroll at the last college/university you attended?**

Yes  No – Why? \_\_\_\_\_

**Will you be enrolled at any other college/university while attending SLCC?**  Yes  No

**REMINDER: You must provide SLCC with an OFFICIAL transcript from EVERY college/university you have attended. If this is your first time attending any college, you must provide SLCC with an OFFICIAL high school transcript/GED transcript.**

**D. DO YOU PLAN TO APPLY FOR FINANCIAL AID?**  Yes  No

If you are receiving financial assistance from a third party (Grant, Scholarship, TOPS, National Guard, SMILE, etc), you **MUST** see the financial aid officer before attending classes.

**DO YOU QUALIFY AS A RESIDENT OF LOUISIANA?**  Yes  No

*A Louisiana resident is defined as one who has abandoned all prior domiciles and has been domiciled in the State of Louisiana continuously for at least one full year (365 days) immediately preceding the first day of classes of the term for which resident classification is sought.*

If you are a Louisiana resident, check all that apply:

- I am a life-long resident of Louisiana  I am married to a Louisiana resident
- My parent(s) graduated from SLCC
- I am living with my parents\* who reside and are employed full-time in Louisiana
  - \*  Father  Mother  Both Father and Mother
- I am a previous resident of Louisiana (Indicate dates: from \_\_\_\_\_ to \_\_\_\_\_)
- I have been living and employed in Louisiana for more than one year  
(Indicate dates: from \_\_\_\_\_ to \_\_\_\_\_)
- My spouse has been employed in Louisiana for more than one year  
(Indicate dates: from \_\_\_\_\_ to \_\_\_\_\_)
- I am a member of the US Armed Services (Indicate dates: from \_\_\_\_\_ to \_\_\_\_\_)
- As a member of the US Armed Services, I was stationed in Louisiana (Dates: from \_\_\_\_\_ to \_\_\_\_\_)
- I am a dependent of a member of the US Armed Services stationed in Louisiana  
(Dates stationed in Louisiana: from \_\_\_\_\_ to \_\_\_\_\_)

**E. SELECTIVE SERVICE** This section **must** be completed by any applicant who is required to register for the draft in accordance with the Military Selective Service Act and the requirements of State Law \*R.S. 17:1351.

**Yes** I am registered with the Selective Service System:  
**Indicate Selective Service Number** \_\_\_\_\_  
*Selective Service number can be found at [www.sss.gov](http://www.sss.gov)*

**No** I am **NOT** registered with the Selective Service System: **Reason must be indicated below!**  
 Female       Under 18 years of age       Excused from registration provided for by federal law  
 A member of the armed forces on active duty       Born before 1960  
 Other, please explain \_\_\_\_\_

**F. EMERGENCY CONTACT**

\_\_\_\_\_  
Name of Person to Contact in Case of Emergency (Last, First, Middle)      Relationship to Applicant

\_\_\_\_\_  
Complete Mailing Address      City, State, Zip      Daytime Telephone

**G. STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY**

South Louisiana Community College/ National EMS Academy prohibits the unlawful possession or use of firearms and the unlawful possession, use or distribution of drugs and alcohol by students while on school property or in attendance at any school activity.

I understand that reporting to school or performing tasks for the school while under the influence of and impaired by illegal drugs or alcohol is prohibited. I am aware that possession and use of firearms are prohibited on this campus. I also understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify South Louisiana Community College/ National EMS Academy within five (5) days if I am convicted of violating any criminal drug statute at the educational facility. I further realize that the school is required by law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

**I hereby certify that I have read and understand the above Student Substance Abuse, Firearm, and Drug Free Workplace Policy and that all of the information I give in this document is true, complete, and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission to and attendance at South Louisiana Community College/ National EMS Academy.**

\_\_\_\_\_  
**Signature of Applicant**      **Date**

**H. DEMOGRAPHIC INFORMATION**

I do not wish to have my demographic information published.

I hereby grant South Louisiana Community College permission to release and publish my demographic information as listed below:

**NAME** \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

**LOCAL MAILING ADDRESS** \_\_\_\_\_  
(STREET, CITY, ZIP CODE)

**HOME ADDRESS (if different from above)** \_\_\_\_\_

**LOCAL PHONE NUMBER** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**I. MISCELLANEOUS INFORMATION**

**Employment Status:**    Employed full-time       Employed part-time       Unemployed

**Number of Dependents Living in Your Household:** \_\_\_\_\_

**Highest Level of Education Completed by Your parents:**

- Elementary                       High School                       Certificate
- Diploma (from a technical college, proprietary school, or private school)
- Associate Degree               Bachelor's Degree               Graduate Degree (Master's, Doctorate)
- Professional Degree (e.g., Law, Medicine)

**How did you learn about the EMSE Program? (Check one)**

- Acadian Ambulance employee                       Radio advertisement
- High school counselor, teacher, or principal       Billboard
- Job Fair     Sign or banner
- Newspaper     SLCC advertising, catalog, or web site
- National EMS Academy student                       Television advertisement
- National EMS Academy web site                       Other: \_\_\_\_\_

**Why did you choose to attend SLCC? (Check all that apply)**

- Low cost of attending                                       Convenient location
- Liked the size of the college                               Ability to work while attending school
- Offered the courses I wanted                               Good chance of personal success
- Liked the social atmosphere                               Good vocational or academic reputation
- Advice of parents or relatives                               Availability of scholarships and financial aid
- Wanted to be with friends                                 Needed developmental courses
- Advice of high school counselor, teacher, principal, etc
- Was not admitted to the 4-year school to which I applied

**DEPARTMENT OF EMSE / NATIONAL EMS ACADEMY**

**PROOF OF IMMUNIZATION COMPLIANCE**  
(Louisiana R.S. 17:170 Schools of Higher Learning)

\_\_\_\_\_  
Applicant's Name (Last, First, Middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

**Option 1 – Immunization Verification – Physician's Statement:**

The above-named individual has been immunized as follows:

MMR 1: \_\_\_\_\_ MMR 2: \_\_\_\_\_ Tetanus-Diphtheria: \_\_\_\_\_ Meningoccal (MCV4): \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Other Health Care Provider

\_\_\_\_\_  
Date

(Above space for Physician Address/Stamp)

**Option 2 – Submission of Immunization Record (by student)**

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps, tetanus/diphtheria, and meningitis.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if student is under 18)

\_\_\_\_\_  
Date

**Option 3 – Request for Exemption**

If you request exemption for medical or personal reasons, please check appropriate blank and provide the information requested. You must state the reason for exemption in the space below.

Check One:

Explanation:

1. Medical Reason \_\_\_\_\_

2. Personal Reason \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if student is under 18)

\_\_\_\_\_  
Date

To complete the Proof of Immunization Compliance form, please provide your full legal name, social security number, and birth date at the top of the form. Then, choose from one of the three options available to fulfill the proof of immunization requirement.

**Option 1:** This option may be completed by your physician or other healthcare provider. Please have your physician provide the dates when you received the indicated immunizations. Space has been provided for the physician's signature and stamp.

**Option 2:** If you have access to your immunization records, sign and date Option 2. Please attach a copy of your immunization records to this form and submit to SLCC either by mail or at one of the information/testing sessions.

**Option 3:** If you are unable to locate your immunization records, you may request an exemption from this requirement. Please check one of the reasons for your request and provide an explanation in the space provided. Sign and date the form and submit to SLCC either by mail or at one of the information/testing sessions. By requesting an exemption from this requirement, understand that you are agreeing to the following terms:

“I understand that if I claim exemption for personal or medical reasons, I may be excluded from classes and other campus activities in the event of an outbreak of measles, mumps, rubella or meningitis until the outbreak is over or until I submit proof of immunization.”

# Interested in applying for FINANCIAL AID\*\*??

***\*\*Financial Aid includes Federal Pell Grant, TOPS, National Guard Tuition Exemption, Veterans Benefits, etc.***

**Currently, SLCC does NOT participate in student loan programs**

**Complete these two (2) forms electronically to get started:**

- 1. South LA Community College's *FINANCIAL AID REGISTRATION FORM* located at [www.southlouisiana.edu](http://www.southlouisiana.edu) - Click on Financial Aid  
(This form must be completed EVERY semester!!)**
- 2. If applying for the Federal Pell Grant, complete the Free Application for Federal Student Aid (FAFSA) – located at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) SLCC's School code: 039563  
(This form must be completed once a year)**

**For Pell applicants - A "status" letter from SLCC's Office of Financial Aid will be mailed to you within approximately four (4) weeks.**

**Questions? Email us at [financial\\_aid@southlouisiana.edu](mailto:financial_aid@southlouisiana.edu)**

## **Please Note:**

**If BOTH forms are not completed,  
your Financial Aid will NOT be processed.**



## ALL STUDENTS MUST ATTEND AN INFORMATION/TESTING SESSION

**\*No RSVP's required\***

### Summer 2012 Information/Testing Dates-Sessions Below 1:00pm-3:00pm

- Alexandria (724 Scott Street) –March 26, 2012 or April 17, 2012
  - Baton Rouge (8415 Goodwood Blvd, Ste 201) – March 21, 2012 or April 11, 2012
  - Covington (2016 Ronald Reagan Hwy) – March 27, 2012 or April 26, 2012
  - Gretna (200 Wright Avenue) – March 22, 2012 or April 16, 2012
  - Houma (144 Equity Blvd) – March 13, 2012 or April 12, 2012
  - Lafayette (2916 N. University Avenue) – March 12, 2012 or April 2, 2012
  - Lake Charles (2827 4th Avenue, Bldg A) – March 7, 2012 or April 4, 2012
- \*Lake Charles site does not have an elevator. If you need special mobility accommodations, please contact SLCC prior to information session date.\***

### Fall 2012 Information/Testing Dates-Sessions Below 1:00pm-3:00pm

- Alexandria (724 Scott Street) –June 19, 2012 or July 23, 2012
  - Baton Rouge (8415 Goodwood Blvd, Ste 201) – June 13, 2012 or July 10, 2012
  - Covington (2016 Ronald Reagan Hwy) – June 27, 2012 or July 24, 2012
  - Gretna (200 Wright Avenue) – June 18, 2012 or July 19, 2012
  - Houma (144 Equity Blvd) – June 14, 2012 or July 18, 2012
  - Lafayette (2916 N. University Avenue) – June 5, 2012 or July 9, 2012
  - Lake Charles (2827 4th Avenue, Bldg A) – June 4, 2012 or July 5, 2012
- \*Lake Charles site does not have an elevator. If you need special mobility accommodations, please contact SLCC prior to information session date.\***

*Summer Basic classes begin May 28, 2012*  
*Fall Basic classes begin August 27, 2012*  
*Fall Paramedic classes begin August 13, 2012*

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### **Studying for the SLCC Reading & Math Placement Exam**

Go to: <http://www.act.org/asset/pdf/StudentGuide.pdf> or <http://www.khanacademy.com>