



2562 Centennial Road, Salina, KS 67401  
 Phone: 785-309-3100, Toll-Free: 800-466-7989, FAX 785-309-3101  
[www.salinatech.edu](http://www.salinatech.edu)

**Full Time Program Applicants**

**\$87 enrollment fee** must accompany this application. The fee is applied toward tuition and fees.

**Continuing Education Applicants**

**\$25 enrollment fee** must accompany this application. The fee is applied toward tuition and fees. Enrollment Fees are non-refundable.

**APPLICATION FOR ADMISSION**

All students applying must complete, sign, date, and submit application and enrollment fee.

**Personal Information**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ (City) (State) (Zip) (County)  
 Local Address (if different) \_\_\_\_\_ (City) (State) (Zip) (County)  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**The following information will be used for statistical purposes only. (Please check appropriate box.)**

**Gender:**  Male  Female **Ethnicity:** Hispanic/Latino:  Yes  No  
**Race:**  American Indian/Alaska Native  Asian  White  Black or African American  
 Native Hawaiian or Pacific Islander

**Residency Status: (Please check appropriate box.)**

**Are you a Kansas Resident?:**  Yes  No **Are you a US Citizen?:**  Yes  No  
**Citizenship Status** (complete only, if you are **not** a US Citizen)  
 Non-Citizen National  Permanent resident (Green Card)  Other Eligible Citizen Documentation

**Highest Grade Completed:** 8, 9, 10, 11, 12, GED 13, 14, Associate 15, 16, Bachelor

**High School Information - Please list your current high school or indicate here if you have a GED.**

Name of School	City, State, Zip	Graduation Year or Level of Completion	High School Students: Name of Counselor

**Please complete this section if you are a NEW Salina Tech Applicant and if it applies to you.**

**Post Secondary Information - Please list all of the colleges, you are attending/attended.**

Name of Institution	City, State, Zip	Graduation Year or Level of Completion

**Veteran/Military and Financial Aid Information**

**Financial Aid and Veteran/Military Information: (Please check appropriate box.)**

**Do you intend to apply for Federal Financial Aid at SATC?:**  Yes  No (Must meet Federal Aid requirements)  
**Are you a Veteran?:**  Yes  No **Do you plan to use Veteran's Educational Assistance?:**  Yes  No

## Program/Course Information

### EDUCATIONAL GOAL

Please Check only one:     AAS Degree     Technical Certificate     Continuing Education

**Program of Study:** (Please check only one)    \* = Full Time Enrollment Only

- |                                                             |                                                             |                                                   |
|-------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Auto Collision Repair              | <input type="checkbox"/> Construction Technology            | <input type="checkbox"/> Environmental Technology |
| <input type="checkbox"/> Automotive Technology              | <input type="checkbox"/> Dental Assistant*                  | <input type="checkbox"/> HVAC*                    |
| <input type="checkbox"/> Business Administrative Technology | <input type="checkbox"/> Diesel Technology                  | <input type="checkbox"/> Industrial Maintenance   |
| <input type="checkbox"/> Commercial & Advertising Art       | <input type="checkbox"/> Electrical Technology*             | <input type="checkbox"/> Machine Tool Technology* |
| <input type="checkbox"/> Computer Aided Drafting            | <input type="checkbox"/> Electronic Engineering Technology* | <input type="checkbox"/> Medical Assistant*       |
|                                                             |                                                             | <input type="checkbox"/> Welding Technology*      |

**Enrollment Options:** (Please check only one)

- Please register me **full-time** in the above program.
- Please register me **half-time** in the above program.    **NOTE:** Must see Student Services for advising about half time status.
- Please register me for one or more of the following **Continuing Education** or **General Education** courses:

Course ID #	Course name	Start Date	Credits

**Do you have a 3rd Party paying for your Education?**     Yes     No

**If so, Please list who to send billing to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

**How did you hear about our College?**     Radio     TV     Newspaper     SATC Student     Mailings     High School

### For Program of Study and those seeking an Associate of Applied Science Degree

- Kansas law requires an official transcript be sent from each institution you have attended. It is your responsibility to make sure each transcript is sent to SATC.
- Any Change of address or name must be filed with the Registrar.
- The student is responsible for paying any tuition, fees, textbooks, uniforms, tools and other charges that accrue while at Salina Area Technical College.

**I certify that all information is complete and correct.**

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

**Parent Signature if Applicant is under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE OF NON-DISCRIMINATION:**

Salina Area Technical College does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning compliance with the regulations implementing Title VI, ADA, Title IX, or Section 504 is directed to contact the Vice President of Administrative Services, 2562 Centennial Rd, Salina, KS 67401, 785-309-3108.

<b>Office Use Only:</b>	<b>Date Received:</b>	<b>Amount Received:</b>	<b>Date Entered:</b>
		<b>Receipt #:</b>	<b>Received By:</b>