



This application is for the Cosmetology program only. If you decide to enroll at JCCC prior to program acceptance, you must complete a general application for admission.

When will you enter JCCC?  Fall  Spring  Summer

Personal Data (please print - black ink only - no pencil)

Please Note: AVCO courses are no longer eligible for Brown & Gold Club benefits.

\*\*Social Security No.

Last Name First Name Middle

Maiden/other names Suffix (Jr, III, Sr.)

Number Street Name (Do NOT abbreviate) Apartment Number, P.O. Box, Rural Route (if necessary) P.O. Box will result in out-of-state tuition if you do not give a Kansas residency address too.

City State ZIP

Day Phone No. Evening Phone No. TDD (for hearing impaired)

Preferred E-Mail Address:

Sex  M  F Date of birth Are you a U.S. citizen?  Yes  No If "no," are you a Resident Alien?  Yes  No

Country of birth (You MUST bring your resident alien card to the 2nd floor, Student Center before enrollment.)

Students who are not US Citizens or Permanent Residents - STOP HERE. Contact International and Immigrant Student Services at www.jccc.edu/home/depts/5106 for an application.

\*Are you of Hispanic/Latino descent?  Yes  No \*Race - Select as many as apply from the following list:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

\*Do either of your biological or adoptive parents have a college degree?  Yes  No \*These questions are used to monitor compliance with several federal and state statutes. You are not obligated to respond. If you do, your responses will not affect your admission.

Kansas Residency Information (This section must be completed in its entirety or you will be charged out-of-state tuition.)

Are you living in Kansas?  Yes  No If "yes," please provide the following information. If "no," proceed to back page.

- 1. On what date did your residence in Kansas begin?  Since birth  Since
2. In what Kansas county do you currently live?  Johnson Other
3. Have you lived at this address for at least six months?  Yes  No If "no," when did you move to this address?
4. If you have lived at this address less than six months, what was your previous address?

For office use only
Degree VOC/Cosmetol
370A
CR
GED/Hst
Coll

Number Street Name (Do NOT abbreviate)

City State ZIP

County When did you move to this address? M M Y Y

5. If you are under the age of 24, are you listed as a dependent on your parent's tax return?  Yes  No

6. If yes, what is their address?

Number Street Name (Do NOT abbreviate)

City State ZIP

County When did your parents move to this address? M M Y Y

JCCC Rec'd Stamp

