

APPLICANT INFORMATION										
Last Name		First Name			M.I.					
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date of Birth			Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White		<input type="checkbox"/> Asian		<input type="checkbox"/> Hawaiian Native/Pacific Islander
<input type="checkbox"/> Other: _____			Residency (tuition differential)			<input type="checkbox"/> Delaware resident		<input type="checkbox"/> Non-resident		
Citizenship		<input type="checkbox"/> U.S.		<input type="checkbox"/> Other Country of Citizenship _____			Country of Birth _____			
If you are in the U.S., what is your immigration status? (Documentation required by Admissions) _____										
Veteran/Military Service		<input type="checkbox"/> U.S. Veteran			<input type="checkbox"/> U.S. Military Service Member (including National Guard and Reserves)					
<input type="checkbox"/> Spouse of U.S. Service Member Who is Deceased, Disabled, MIA, or a POW					<input type="checkbox"/> U.S. Military Dependent Using VA Educational Benefits					

LOCATION/TIME										
Which campus do you plan to attend?			<input type="checkbox"/> New Castle County		<input type="checkbox"/> Kent County		<input type="checkbox"/> Sussex County			
Start Date:		<input type="checkbox"/> Fall Semester 20__ __			<input type="checkbox"/> Spring Semester 20__ __		<input type="checkbox"/> Summer Semester 20__ __			
What is your educational goal?		<input type="checkbox"/> To earn an Associate's Degree			<input type="checkbox"/> To earn a Diploma		<input type="checkbox"/> To earn a Certificate			
<input type="checkbox"/> Personal Enrichment		<input type="checkbox"/> Professional Job Enhancement			<input type="checkbox"/> Current High School Student with Permission to Take College Courses					

EDUCATION									
High School		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other		Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

PREVIOUS EMPLOYMENT									
Company					Phone				
Address					Supervisor				
Job Title			Starting Salary \$			Ending Salary \$			
Responsibilities									

From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DECLARATION OF ELIGIBILITY

U.S. Citizens, Permanent Residents or Temporary Resident Alien, Asylees, Refugees and those with Temporary Protected Status are eligible* to be considered in-state for tuition purposes if they provide documentation that they have had an eligible status for six months AND meet one of the following conditions immediately prior to registration at the college. (please check all that apply)

- I qualify to pay in-state tuition because of the following reasons and will provide proof.
 - A. Delaware has been my domicile and continuous residence for at least six (6) months.
 - B. I have been employed full-time (minimum 30 hours per week) in the state of Delaware for at least six (6) consecutive months.
 - C. I am active duty military stationed in Delaware OR I am a dependent of a person on active duty military status stationed in Delaware.
 - D. I am a dependent of my parents or guardians who meet the Delaware residency requirements in (A) or (B) above.

*Other visa categories may be eligible. Refer to the College Residency Policy.

I certify that the responses on this application are true and correct.

Student Signature	Date
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