

## College of Menominee Nation Application for Admission

### Section 1: Personal Information

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Last Name First Name M.I. Previous Name(s)

3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 4. Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 5. Gender:  Male  Female

6. \_\_\_\_\_ 7. \_\_\_\_\_  
 Permanent Home Address City/State Zip Code Mailing Address City/State Zip Code

8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_  
 County Home/Cell Phone Work Phone E-mail Address

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
 Emergency Contact Name Relationship Home/Cell/Work Phone Home/Cell/Work Phone

### Section 2: Demographic Information

<p style="text-align: center;"><b>Race/Ethnicity</b> Please Answer Question 1 &amp; 2</p> <p>1. If one of the following identifies your race/ethnic status, please indicate by checking the designated box. If none of the below statuses apply, please leave blank and answer question #2.</p> <p><input type="checkbox"/> Nonresident Alien  <input type="checkbox"/> Race and Ethnicity unknown  <input type="checkbox"/> Hispanic/Latino</p> <p>2. Please indicate by checking one or more of the following that identify your race/ethnicity.</p> <p><input type="checkbox"/> American Indian or Alaska Native (<b>Enrolled</b>)          Tribe: _____  <input type="checkbox"/> American Indian or Alaska Native –(<b>Direct Descendant</b>)          Tribe: _____  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White</p>	<p style="text-align: center;"><b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Are you a U.S. Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Marital/Dependents Status:</b></p> <p><input type="checkbox"/> Single- No Children  <input type="checkbox"/> Single with Dependent Children              _____ # of Dependent Children  <input type="checkbox"/> Married-No Children  <input type="checkbox"/> Married with Dependent Children              _____ # of Dependent Children  <input type="checkbox"/> Caring for Elders in Home</p> <p><b>Native Language Speakers</b></p> <p><input type="checkbox"/> None  <input type="checkbox"/> Basic  <input type="checkbox"/> Intermediate  <input type="checkbox"/> Advanced  <input type="checkbox"/> Fluent</p> <p><b>Work Status:</b></p> <p><input type="checkbox"/> Full-Time (40 or more hours/week)  <input type="checkbox"/> Part-Time (20-39 hours/week)  <input type="checkbox"/> Part-Time (less than 20 hours/week)  <input type="checkbox"/> Retired  <input type="checkbox"/> None</p>
<p>1. Will you be applying for Financial Aid?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is this your first time applying for Financial Aid?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1. Has either parent earned a four-year degree?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you interested in Student Support Services?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you have a documented learning/physical disability (<i>optional</i>)?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

