

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. _____
Mailing Home Address City/State Zip Code Permanent 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;">Race/Ethnicity Please Answer Question 1 & 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 statuses that identify your race/ethnicity.</p> <p><input type="checkbox"/> American Indian or Alaska Native (Enrolled) Tribe: _____</p> <p><input type="checkbox"/> American Indian or Alaska Native -(Direct Descendant) Tribe: _____</p> <p><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>Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Marital/Dependents Status:</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>Work Status:</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>Native Language Speakers:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Advanced <input type="checkbox"/> Basic <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate</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>3. Did you sign the Wisconsin Covenant Pledge? <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>

<p>For Office Use Only:</p> <p>Date: _____ Staff Initials: _____</p> <p>Student ID Number: _____</p>

Section 3: Education History

16. Circle highest grade completed: 8 9 10 11 12 Last high school attended: _____

17. High school graduation date: _____ 18. I completed a: GED: ___ HSED: ___ Date completed: _____

19. Certificate/Degree completed: Certificate Technical Diploma Associates Degree
 Bachelors Degree Other

20. List **all** previous colleges and universities attended. **Official transcripts are required for each college/university attended.**

Name _____ Address _____ Attended _____ - _____ Graduation Date: _____

Name _____ Address _____ Attended _____ - _____ Graduation Date: _____

Name _____ Address _____ Attended _____ - _____ Graduation Date: _____

Section 4: Education Plan

21. I plan to attend the following campus: Keshena Main Campus Green Bay/Oneida Campus

22. I will be applying as a: High School Student New Student Transfer Student
 Readmission Non Degree Student

23. I will be attending: Part-Time Full-Time

24. Semester: Fall Spring Summer Other 25. Year/Term: _____

26. Planned Certificate/Degree: Certificate Technical Diploma Associates Degree Bachelors Degree

27. Certificate/Degree: 1st Choice: _____ 2nd Choice: _____

28. Do you plan to transfer to a four-year college? Yes No **If yes, please indicate 1st & 2nd choice below.**

1st Choice: _____ 2nd Choice: _____

Directory Information: Under the Family Education Rights and Privacy Act of 1974(FERPA), you may restrict the release of your directory information. The following items are considered directory information available to the public: name, address, telephone number, date of birth, dates of attendance, degrees and awards received, sex, marital status, major field of study, participation in officially recognized activities and sports, most recent previous educational agency or institution attended, parent/ spouse/ guardian name and address. Photographs of students on campus or engaged in school-related activities may be used by the College of Menominee Nation without prior consent for not-for-profit promotional materials that support the work of or provide information about the College. No other information will be released to a third party, except as provided by law, without your prior written consent. If you wish to restrict the release of the directory information items above, you must file a signed statement to that effect with the Registrar's Office within two weeks after the first day of class for any given term.

I declare that the information provided by me on this form is true, correct and complete to the best of my knowledge. Falsifying information on this application may result in sanctions by the CMN Judicial Council. I agree that the above information may be shared with CMN personnel, Bureau of Indian Affairs, my tribe, and state/federal/tribal programs. This information may include a copy of my grade transcripts. I further agree that the CMN Business Office may endorse and deposit all financial aid checks issued and apply payment to my account. Any remaining amount would be refunded to me. I agree to report any outside scholarships received and other funding sources to the CMN Financial Aid Office. I further agree to notify, in writing, Student Services if there is a change to any of this information, including permanent or mailing address.

Student Signature

Parent/Guardian (If under 18 years old)

Date

**College of Menominee Nation
Admissions Office
N172 State Hwy. 47/55 PO Box 1179
Keshena, WI 54135
Fax: 715. 799.4392**