

B. CURRENT EDUCATIONAL GOAL: (Please check only one)

Degree-Seeking at SLCC

Emergency Medical Technology-Paramedic

Non-Degree-Seeking at SLCC

EMT-Paramedic

EMT-Basic Only

C. EDUCATIONAL HISTORY: (Attach separate sheet if more space is needed for "high school" or "previous college")

<u>Last High School Attended</u>	<u>Location</u> (City, State, Country)	<u>Parish</u> (If Louisiana High School)	<u>High School Graduation</u> Did you (or will you) graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No <input type="checkbox"/> GED		
<u>College or University Previously Attended</u> (Begin with the first attended- Include SLCC if previously attended)	<u>Location</u> (City, State, Country)	<u>Dates of Attendance</u>		<u>Credit Hours Earned</u>	<u>Degree Earned</u> (If Any)
		From (Month/Yr)	To (Month/Yr)		

Are you a first time freshmen? Yes No

If no, are you at this time eligible to enroll at the last college/university you attended?

Yes No – Why? _____

Will you be enrolled at any other college/university while attending SLCC? Yes No

If yes **and you are a degree-seeking student at SLCC**, you are reminded that you must provide SLCC with an OFFICIAL transcript showing final grades of the current semester/session.

D. DO YOU PLAN TO APPLY FOR FINANCIAL AID? Yes No

If you are receiving financial assistance from a third party (Grant, Scholarship, TOPS, National Guard, SMILE, etc), you MUST see the financial aid officer before attending classes.

E. DO YOU QUALIFY AS A RESIDENT OF LOUISIANA? Yes No If yes, on what basis?

Check all that apply:

I am a life-long resident of Louisiana I am married to a Louisiana resident

My parent(s) graduated from SLCC

I am living with my parents* who reside and are employed full-time in Louisiana

* Father Mother Both Father and Mother

I am a previous resident of Louisiana (Indicate dates: from _____ to _____)

I have been living and employed in Louisiana for more than one year
(Indicate dates: from _____ to _____)

My spouse has been employed in Louisiana for more than one year
(Indicate dates: from _____ to _____)

I am a member of the US Armed Services (Indicate dates: from _____ to _____)

As a member of the US Armed Services, I was stationed in Louisiana (Dates: from _____ to _____)

I am a dependent of a member of the US Armed Services stationed in Louisiana
(Dates stationed in Louisiana: from _____ to _____)

F. SELECTIVE SERVICE (This section must be completed by any applicant who is required to register for the draft in accordance with the Military Selective Service Act. Selective Service information can be found at www.sss.gov)

I am registered with the Selective Service System: No Yes, Indicate Selective Service Number _____

Not Applicable, Indicate reason:

Female Under 18 years of age Excused from registration provided for by federal law

A member of the armed forces on active duty Born before 1960 Other

G. EMERGENCY CONTACT

Name of Person to Contact in Case of Emergency (Last, First, Middle) Relationship to Applicant

Complete Mailing Address City, State, Zip Daytime Telephone

H. STUDENT SUBSTANCE ABUSE, FIREARM, AND DRUG FREE WORKPLACE POLICY

South Louisiana Community College/ National EMS Academy prohibits the unlawful possession or use of firearms and the unlawful possession, use or distribution of drugs and alcohol by students while on school property or in attendance at any school activity.

I understand that reporting to school or performing tasks for the school while under the influence of and impaired by illegal drugs or alcohol is prohibited. I am aware that possession and use of firearms are prohibited on this campus. I also understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify South Louisiana Community College/ National EMS Academy within five (5) days if I am convicted of violating any criminal drug statute at the educational facility. I further realize that the school is required by law to give notice of such conviction to any federal agency from which it receives grants or contracts, and I hereby waive any and all claims that may arise from conveying this information to such federal agency.

I hereby certify that I have read and understand the above Student Substance Abuse, Firearm, and Drug Free Workplace Policy and that all of the information I give in this document is true, complete, and accurate to the best of my knowledge. I understand that withholding information or giving false information may make me Ineligible for admission to and attendance at South Louisiana Community College/ National EMS Academy.

Signature of Applicant Date

I. DEMOGRAPHIC INFORMATION

I do not wish to have my demographic information published.

I hereby grant South Louisiana Community College permission to release and publish my demographic information as listed below:

NAME _____
(LAST, FIRST, MIDDLE)

LOCAL MAILING ADDRESS _____
(STREET, CITY, ZIP CODE)

HOME ADDRESS (If different from above) _____

LOCAL PHONE NUMBER _____ E-MAIL ADDRESS _____

J. MISCELLANEOUS INFORMATION

Employment Status: Employed full-time Employed part-time Unemployed

Number of Dependents Living in Your Household: _____

Highest Level of Education Completed by Your parents:

- Elementary High School Certificate
- Diploma (from a technical college, proprietary school, or private school)
- Associate Degree Bachelor's Degree Graduate Degree (Master's, Doctorate)
- Professional Degree (e.g., Law, Medicine)

How did you learn about the EMT Program? (Check one)

- From an Acadian Ambulance employee Radio advertisement
- High school counselor, teacher, or principal Billboard
- Job Fair Sign or banner
- Newspaper SLCC advertising, catalog, or web site
- From a National EMS Academy student Television advertisement
- National EMS Academy web site Other: _____

Why did you choose to attend SLCC? (Check all that apply)

- Low cost of attending Convenient location
- Liked the size of the college Could work while attending
- Offered the courses I wanted Good chance of personal success
- Liked the social atmosphere Good avocational or academic reputation
- Advice of parents or relatives Availability of scholarship or financial aid
- Wanted to be with friends Needed developmental courses
- Advice of high school counselor, teacher, principal, etc
- Was not admitted to the 4-year school to which I applied

DEPARTMENT OF EMT-P / NATIONAL EMS ACADEMY

PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170 Schools of Higher Learning)

Applicant's Name (Last, First, Middle)

Social Security Number

Date of Birth (Month/Day/Year)

Option 1 – Immunization Verification – Physician's Statement:

The above-named individual has been immunized as follows:

MMR 1: _____ MMR 2: _____ Tetanus-Diphtheria: _____ Meningoccal (MCV4): _____

Signature of Physician or Other Health Care Provider

Date

(Above space for Physician Address/Stamp)

Option 2 – Submission of Immunization Record (by student)

I hereby submit my immunization record as proof of immunization against measles, rubella, mumps, tetanus/diphtheria, and meningitis.

Signature of Student

Date

Signature of Parent/Legal Guardian (if student is under 18)

Date

Option 3 – Request for Exemption

If you request exemption for medical or personal reasons, please check appropriate blank and provide the information requested. You must state the reason for exemption in the space below.

Check One:

Explanation:

1. Medical Reason _____

2. Personal Reason _____

Signature of Student

Date

Signature of Parent/Legal Guardian (if student is under 18)

Date

To complete the Proof of Immunization Compliance form, please provide your full legal name, social security number, and birth date at the top of the form. Then, choose from one of the three options available to fulfill the proof of immunization requirement.

Option 1: This option may be completed by your physician or other healthcare provider. Please have your physician provide the dates when you received the indicated immunizations. Space has been provided for the physician's signature and stamp.

Option 2: If you have access to your immunization records, sign and date Option 2. Please attach a copy of your immunization records to this form and submit to SLCC either by mail or at one of the information/testing sessions.

Option 3: If you are unable to locate your immunization records, you may request an exemption from this requirement. Please check one of the reasons for your request and provide an explanation in the space provided. Sign and date the form and submit to SLCC either by mail or at one of the information/testing sessions. By requesting an exemption from this requirement, understand that you are agreeing to the following terms:

“I understand that if I claim exemption for personal or medical reasons, I may be excluded from classes and other campus activities in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization.”

ALL STUDENTS MUST ATTEND AN INFORMATION/TESTING SESSION

Spring 2009 Information/Testing Dates –Sessions Below 1:00pm – 3:00pm

- Alexandria (1804 MacArthur Drive, Suite 590) –October 22 or Nov 12, 2008
- Baton Rouge (8415 Goodwood Blvd, Suite 201) – October 21 or Nov 11, 2008
- Covington (114 North Park, Suite 16) – October 7 or November 6, 2008
- Houma (144 Equity Blvd) – October 15 or November 4, 2008
- Lafayette (2916 N. University) – October 16 or November 5, 2008
- Lake Charles (2827 4th Avenue, Suite 145, Bldg A) –October 8 or Oct 28, 2008
- Gretna (200 Wright Avenue) – October 17 and November 13, 2008

2 Steps to START the Financial Aid Process

1. Visit www.southlouisiana.edu
Click on ***Financial Aid***
Click on ***SPRING 2009 Financial Aid Registration Form***
2. Visit www.fafsa.ed.gov
Complete the 2008-09 FAFSA
(SLCC's school code is 039563)

Once the Financial Aid Office receives **BOTH** of these forms electronically, you will be notified via mail to submit ADDITIONAL documents specific to your FAFSA. The financial aid PRIORITY DEADLINE is Friday, November 28, 2008. Priority deadline means any student who has completed his/her financial aid file (Spring 2009 *Financial Aid Registration Form*, FAFSA, AND all additional documentation) will receive notification via mail by the tuition deadline of Monday, January 5, 2009. Documentation received AFTER November 28th will be processed on a first-come, first-serve basis.

FINANCIAL AID DEADLINE - Friday, November 28, 2008

TUITION DEADLINE - Monday, January 5, 2009

****Students already receiving financial aid from SLCC (Fall 2008) just need to complete STEP #1 for the Spring 2009 semester****