



MARION TECHNICAL COLLEGE

All qualified Applicants will receive consideration without regard to race, creed, color, national origin, sex, or disability. Please complete all sides of the application. Incomplete applications will not be considered. A **\$20 non-refundable application fee** is due at the time of submission.

Marion Technical College Career Technical Program Application

Program applying for:

Have you attended a Marion County School in the past? Yes No

Last Name		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III	First Name	Middle Name	Alias/Former Maiden Name	
Street Address/Residence			City	State	Zip	
Mailing Address (if different from above)			City	State	Zip	
Home Phone	Cell Phone		Work Phone		Email Address	
Birth Date	Place of Birth (City, State)		If not born in the USA, date you entered the USA:		Social Security Number	

Information collected on this form is used for reporting to the Department of Education and does not determine admission to any program at MTC

01. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?

- 31 Yes
- 30 No

02. GENDER

- M Male
- F Female

03. WHAT IS YOUR ETHNICITY?

- Hispanic
- No Hispanic or Latino descent

04. WHAT IS YOUR RACE? (Please check at least one)

- W White
- B Black/African American
- A Asian
- I American Indian/Alaska Native
- P Native Hawaiian/Other Pacific Islander

05. I AM A FLORIDA:

- 4 Resident
- 5 Out-of-State Resident

06. ARE YOU A DISPLACED HOMEMAKER?

- A Diminished marketable skills and unemployed, difficulty obtaining employment.
- B Dependent on public assistance or income of relative but no longer supported by such.
- C Youngest child will be ineligible to receive assistance under Part A of the Title IV of the SS Act.
- D Providing unpaid services to family members in the home and is the dependent spouse of a member of the Armed Forces on active duty.
- Z Not Applicable

07. SINGLE PARENT AND SINGLE PREGNANT WOMEN:

- S Single parent (custody of minor children)
- B Both single parent/single pregnant woman
- W Single pregnant woman
- Z Not Applicable

08. MY GOAL AS A STUDENT IS:

- A Employment
- C Retain Employment
- D Pass GED
- E Obtain High School Diploma
- F Advance to Postsecondary Level
- I Citizenship
- Z Not Applicable

09. ARE YOU LIMITED ENGLISH PROFICIENT?

- Y Difficulty speaking, reading, writing or understanding English
- N Not Applicable

10. OTHER INSTITUTIONALIZED ADULT

- A Patient or Resident of medical or special institution (not correctional facility and not homeless)
- Z Not Applicable

11. WHAT IS YOUR CITIZENSHIP STATUS?

- A Non-Resident Alien
- C U.S. Citizen
- P Permanent Resident Alien
- X Not Applicable

EMERGENCY CONTACT

Name			
Relationship			
Address			
City			
State		Zip Code	
Phone (Home)			
Phone (Work)			
Phone (Cell)			
Notes			

**ALL SECTIONS MUST BE
FILLED OUT COMPLETELY!**

12. MILITARY STATUS

- A** Active Duty Personnel
- D** Eligible Dependent (spouse/child)
- E** Veteran (Prior Service, Dates Unknown)
- N** Active Member of the National Guard
- R** Active Member of the Reserves
- V** Veteran (Prior Service, Prior to (9/11/2001)
- W** Veteran (Prior Service, On or After (9/11/2001)
- Y** No Military History
- X** Unknown/No Response
- Z** Not Applicable (CWE, Dual/Co-Enrolled Secondary Student)

13. WHAT IS YOUR PRIMARY LANGUAGE?

- English
- Spanish
- Russian
- Portuguese
- Croatian Other

14. WHAT IS YOUR ENVIRONMENT TYPE?

- Family Literacy-(Even Start)
- Workplace Literacy Homeless
- Disability Information
- On Public Assistance
- Living in a Rural Area
- Not Applicable

15. EMPLOYMENT STATUS (Select one upon entry):

- E** Employed (Working as PAID employee)
- N** Unemployed – Not seeking employment
- S** Employed – Received Notice of Termination of Employment
- U** Unemployed – Seeking employment
- Z** Not Applicable

16. EDUCATION UPON ENTRY – Select last grade completed:

- Master's Degree** **11** **3**
- Bachelor's Degree** **10** **2**
- AA, AS, AAS Degree** **9** **1**
- 17** Career Certificate **8** **ZZ** No School Completed
- 16** Some College **7**
- 15** Completed IEP **6**
- D1** High School Diploma **5**
- G1** GED **4**
- 12** Did Not Attain Diploma (or) GED

17. HOW DID YOU HEAR ABOUT MTC?

- Local Job Service/One-Stop Center
- Job Training Program
- Community Action Agency
- Library
- High School (Official Withdrawal Letter on File)
- I Attended Before
- Division of Rehabilitation Services
- Adult Vocational/Higher Education
- Newspaper Ad
- Pamphlet, Brochure, Poster, etc.
- Family Member
- Military
- Judicial System (i.e. Court Ordered)
- Friend
- Counselor
- Employer
- Television/Radio Other
- Online (Website, Facebook, Twitter, etc.)

18. Basic Skills Examination:

- A** Basic Skills Exempt: College Degree of A.A., A.S., A.A.S., or Higher
- B** Basic Skills Exempt: Readiness for Public Postsecondary Education (2014 GED, ACT, SAT, PERT, etc.)
- C** Basic Skills Exempt: Student passes a state or national industry certification or licensure exam
- D** Basic Skills Exempt: Adult student who is enrolled in an apprenticeship program
- F** Basic Skills Exempt: Adult student with a disability as defined in s.1004.02(7) F.S. who is exempt from meeting the required basic skills mastery level
- G** Basic Skills Exempt: Program length is less than 450 clock hours
- N** Student has not yet completed the initial assessment
- P** Student has completed the initial assessment but has not demonstrated mastery of the required minimal level of basic skills required
- Y** Student has demonstrated mastery of the required minimal level of basic skills for the program
- Z** Not Applicable

20. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

- Yes
- No

If yes, please list the charge(s): _____

21. PLEASE LIST ANY OTHER EDUCATION OR EXPERIENCE YOU HAVE IN THE AREA OF INSTRUCTION FOR WHICH YOU ARE APPLYING FOR ADMISSION

I attest that the information stated in this application is true and accurate, and understand that the information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I give representatives of Marion Technical College permission to use my social security number as means of identification. I also hereby authorize communication of information for the purpose of determining admission decisions or for identifying services or agencies to assist me. All pertinent records and information can be released including those regarding past, present, or future information or records that may be needed for admission determination, financial assistance eligibility, or follow-up purposes. This information may include, but shall not be limited to, educational records, health/physical status/records, income/employment information and vocational rehabilitation assessment or evaluation tools.

Print Name	Student Signature	Date
------------	-------------------	------

Information collected on this form is used for reporting to the Department of Education and does not determine admission to any program at Marion Technical College.



MARION
TECHNICAL COLLEGE

Drug Free Workplace – Statement of Understanding

It is the policy of the Marion County School Board to maintain a drug free workplace for all employees and students. This will be done in conformity with the Drug Free Workplace Act of 1988, as amended in 1989, with passage of Public Law 101-226. Therefore, the manufacture, distribution, dispensation, possession or use of controlled substances is unlawful and prohibited at any Marion Technical College locations. Employees and students who violate this policy will be terminated. Employees and students who are convicted of violating any criminal drug statute must notify the Director at their location within 5 days of the conviction.

Marion Technical College has an obligation to you, to help you get the best education and preparation possible for your chosen career. MTC is also obligated to the employers who hire our graduates. They trust us to provide them with the best employees in their field. We cannot follow through with these obligations if our students or employees are using drugs. MTC is a drug free environment.

I realize that I make choices in my life. I realize that each choice I make carries consequences. I realize that I am responsible for my choices. I understand and agree to abide by this commitment to stay drug-free and to make the most of my education and my future.

Print Name

Student Signature

Date



MARION
TECHNICAL COLLEGE

Information for Residency Classification

- A Florida resident for tuition purposes is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least 12 consecutive months preceding the first day of classes of the term for which Florida residency is sought. Residence in Florida must be as a domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien or legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services. Other persons not meeting the 12 month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and the State Board of Education. All other persons are ineligible for classification as a Florida resident for tuition purposes.
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residence for tuition purposes requires the establishment of legal ties to the state of Florida. Students must verify that they have broken ties to other states if the student or, in the case for dependent students, his or her parent, has moved from another state.

Dependent: a person, whether or not living with his or her parent, who is eligible to be claimed by his or her parent as a dependent under the federal income tax code.

Independent: a person who is at least 24 years old, married, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, per the U.S. Department of Education for the purposes of federal aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. **Such students will be required to verify independence.**

Residency Affidavit Form



MARION
TECHNICAL COLLEGE

Florida Residents: Complete this section *in full* if you claim Florida residency for tuition purposes. **Attach required documentation (if any).**

- **If under 24 years of age,** a copy of your and/or your parents' most recent tax return or other documentation may be requested to establish independence.
- A copy of marriage certificate is required in **all cases** of a spouse claiming a partner's residency.

- A. I am an **independent person** and have maintained legal residence in Florida for at least the past 12 consecutive months.
- B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least the past 12 consecutive months.
- C. I am a **dependent person who has resided for five years** with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least the past 12 consecutive months. **(Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- D. I am **married to a person** who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. **(Required:** Copy of marriage certificate and other documents required to establish residency.)
- E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- F. According to the U.S. Citizenship and Immigration Services, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least the past 12 consecutive months. **(Required:** USCIS documentation and proof of Florida residency status.)
- G. I am a **member** (or the spouse/dependent child of) of the **Armed Services of the United States**, and am currently stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida. **(Required:** Copy of military orders or DD2058 showing home of record.)
- H. I am a full-time instructional or administrative employee (or the spouse/dependent child of) **employed by a Florida public school, community college or institution of higher education.** **(Required:** Copy of employment verification.)
- I. I am part of the **Latin American/Caribbean Scholarship Program.** **(Required:** Copy of scholarship papers.)
- J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.1009.98, F.S.) **(Required:** Copy of Florida prepaid recipient card.)
- K. I am a U.S. citizen (or the spouse/dependent child of) **living on the Isthmus of Panama** and have completed 12 consecutive months of college work at the FSU Panama Canal Branch. **(Required:** Copy of marriage certificate or proof of dependency.)
- L. I am a **Southern Regional Education Board's Academic Common Market** graduate student. **(Required:** Certification letter from state coordinator.)
- M. I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.

Person claiming residency must complete this section in full.

Documents supporting the establishment of legal residence must be dated, issued, or filed **12 months before the start** of the term.

Additional documentation also may be requested. All documentation is subject to verification.

Student Name:		Student Date of Birth:		Student SSN:	
Name of person claiming Florida residency		Claimant's Relationship to Student:		Claimant's Telephone Number:	
Claimant's Permanent Florida Address:		Apt:	City	Zip	
Claimant's Voter Registration Number:				Issue Date: / /	
Claimant's Driver's License Number:				Issue Date: / /	
Claimant's Vehicle Registration Number:				Issue Date: / /	
Non US Citizens Only	Resident Alien Number:			Provide a copy of both sides of your card	Issue Date: / /

I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to 6C-6.001(6), F.A.C.

Signature

Date

Non-Florida Residents: I understand that I do not qualify as a Florida resident for tuition purposes for the term to which I have applied. I also understand that if I should qualify for Florida residency in some future term, I must file the required documentation prior to the beginning of that term.	
_____ Signature	_____ Date



CAREER CERTIFICATION PROGRAMS INFORMATION SESSION DATES

In addition to your Application for Admission (which must be completed - front and back), it is recommended you attend an information session on one of the following dates:

- **Monday, August 22nd, 2016 at 6:00 p.m.**
- **Monday, September 19th, 2016 at 6:00 p.m.**
- **Monday, October 3rd, 2016 at 6:00 p.m.**
- **Monday, January 23rd, 2017 at 6:00 p.m.**
- **Monday, February 13th, 2017 at 6:00 p.m.**
- **Monday, March 6th, 2017 at 6:00 p.m.**
- **Monday, April 10th, 2017 at 6:00 p.m.**