APPLICATION FOR ADMISSION

Please complete all questions on this application in detail.

PERSONAL INFORMATION

1. Name
   First Name ___________________ Middle Name ___________________ Last Name ___________________ Maiden _______________

2. Social Security Number ______________ - __________ - ____________________

3. Permanent Physical Address
   Street-Route ___________________ City ___________________
   County ___________________ State/Country ___________________ Zip __________

4. Phone Number (_________)

5. Current Mailing Address
   P.O. Box or Other Street-Route ___________________ City ___________________
   State ___________________ Zip __________

6. E-mail Address __________________________________________________________

7. Did you (or will you) graduate from high school? Yes ______ No _____

8. Graduation Date ________/_______ Month / Year

9. Name of High School _______________________________________________

10. Location of High School _______________________________________________

11. If you completed the GED. When? __________________ Where? __________________

12. Are you currently attending high school and applying for the Early Admission Program? Yes ______ No _____

13. If yes, expected date of graduation from high school ________

   Month / Year

COLLEGE INFORMATION

14. Have you attended Hill College previously? Yes ______ No _____

15. Last Semester enrolled at Hill College: Semester _______________________ Year _______________________

16. Name under which enrolled
   (If different from above) Last ___________________ First ___________________ Middle ___________________

17. Have you ever attended another college? Yes ______ No _____

List Last College Attended first

<table>
<thead>
<tr>
<th>List Last College Attended first</th>
<th>Location</th>
<th>Dates</th>
<th>Hrs. Earned</th>
<th>Degree Earned and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all colleges attended in order of most recent attendance: Note: An official transcript from each college attended must be submitted. If you have not attended college, you must submit an official High School transcript or a copy of your GED scores.

18. Are you on Probation from the last college you attended? ______ Are you on Suspension? ______

19. When do you plan to enroll at Hill College? Semester __________________ Year __________________

20. Name of your hometown newspaper ________________________________________________

For office use only: Residence Code: 
Processed By: County Code: 

(Complete all pages.)
TESTING INFORMATION

(This information is required before registration)

21. Have you taken the TASP/THEA test? Yes  No
Date of Test: __________________________
(Note: Contact the Counseling Center for testing requirements)

I give Hill College permission to access my TASP/THEA scores from NES by the Score Retrieval System.

________________________________________________ Student Signature

Are you exempt from State Mandatory Testing? Yes  No
If yes, explain why ____________________________________________________________

You must provide proof of exemption. (i.e. Transcripts, TAAS/TAKS test scores, ACT and SAT scores.)

What is your major field of study? __________________________________________________

STATISTICAL INFORMATION

ADMISSION TO HILL COLLEGE IS OPEN TO ALL QUALIFIED PERSONS REGARDLESS OF AGE, GENDER, RACE, COLOR, CREED, DISABILITY, RELIGION, ETHNIC OR NATIONAL ORIGIN

(The following statistical information will be used for state and federal reporting only and not for admissions purposes)

22. (Please Check One)
   1. □ White, Non-Hispanic  3. □ Hispanic  5. □ American Indian/Alaskan Native

Date of Birth __________________ Place of Birth __________________ Male  Female
Month/Day/Year                       City, State, & Country

EMERGENCY INFORMATION

23. In case of emergency, who should we notify? Name __________________________________________________
_______________________________________________________________________________________________
Address _____________________________________________ City __________ State ______ Zip __________ Telephone Number ____________

24. Failure to complete, sign, and date this portion will result in your application review being delayed.

25. Do you live in the Abbott, Alvarado, Bynum, Cleburne, Covington, Godley, Grandview, Hillsboro, Itasca, Joshua, Keene, Rio Vista, Venus or Whitney School districts? Yes ____  No____. If yes, circle district. How long have you resided continuously at permanent address __________. If less than 18 months, please list prior permanent address and length of time you lived there ____________________________________.

- The Family Educational Rights and Privacy Act of 1974 allows Hill College to release “directory information” (name, address, phone number, date of birth, dates of attendance, degrees received, etc.) to interested parties.
- Please indicate whether you want “directory information” released without consent.  □ Yes  □ No
- I have received the attached information pertaining to Bacterial Meningitis.  □ Yes  □ No
- Test Scores: I authorize Hill College to verify my test scores as necessary without consent.  □ Yes  □ No

I certify that the information I have provided is complete and correct to the best of my knowledge.  If my application is accepted, I agree to abide by the policies, rules, and regulations at any school to which I am admitted.  I authorize the College to verify the information I have provided.

I further understand that the information submitted herein will be relied upon by the officials of the College in determining my admission and residence status and the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Signature of Applicant ___________________________ Date __________________________
RESIDENCY QUESTIONS

1. Previous Enrollment:
   (a) During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a fall or spring term?  Yes ___  No ___.  If you answered “no,” continue to question 2.  If you answered “yes,” complete questions (b) through (e).

   (b) What Texas public institution did you last attend?  (Give full name, not just initials.)
   ______________________________________________________

   (c) In which terms were you last enrolled?  (check all that apply)  _____ fall, 200__  ____ spring, 200__

   (d) During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state) tuition?  resident (in-state) ___  nonresident (out-of-state) ___  unknown ___

   (e) If you paid in-state tuition at your last institution, was it because you were classified as a Texas resident or because you were a nonresident who received a waiver?  resident ___  nonresident with a waiver ___  unknown ___

   IMPORTANT:  If you were enrolled at a Texas public institution during a fall or spring semester within the previous 12 months and were classified as a Texas resident, skip to “Certification of Information,” sign and date this form and submit it to your institution.  If you were not enrolled, or if you were enrolled but classified as a nonresident, proceed to question 2.

2. Residency Claim:
   Are you a resident of Texas?   Yes ___    No ___
   If you answered “yes,” continue to question 3.
   If you answered “no,” complete the following question and continue to “Certification of Information.”
   Of what state or country are you a resident?  _____________________
   If you are uncertain, continue to question 3.

3. Acquisition of High School Diploma or GED:
   (a) Did you graduate or will you graduate from high school or complete a GED in Texas prior to the term for which you are applying?  Yes ___  No ___
   If you answered “yes,” continue to question 3.
   If you answered “no,” complete the following question and continue to “Certification of Information.”
   Of what state or country are you a resident?  _____________________
   If you are uncertain, continue to question 3.

Instructions to Question 3:
- If you answered “no” to question (a) or (b) or (c), continue to question 4.
- If you answered “yes” to all four questions, skip to “Certification of Information.”
- If you answered “yes” to questions (a), (b) or (c), but “no” to question (d), complete a copy of the Affidavit included with this application, complete the “Certificate of Information” section of this form, and submit both this form and the affidavit to your institution.
4. Basis of Claim to Residency. (To be completed by everyone who did not answer “Yes” to Questions (a), (b) and (c) of Question 3.

(a) Do you file your own federal income tax as an independent taxpayer? Yes ___ No ___

(b) Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? Yes ___ No ___ (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he or she has not adopted the student.)

(c) If you answered “No” to both questions above, who provides the majority of your support? self____ parent or legal guardian _____ other: (list)_______________________________________

Instructions to Question 4:
• If you answered “yes” to question (a), continue question 5.
• If you answered “yes” to question (b), skip to question 6.
• If you answered “no” to (a) and (b) and “self” to question (c), continue to question 5.
• If you answered “no” to (a) and (b) and “parent or legal guardian” to question (c), skip to question 6.
• If you answered “no” to (a) and (b) and “other” to question (c), skip to question 7 and provide an explanation, and complete the “Certificate of Information” section of this form.

5. If you answered “Yes” to question (a) or “Self” to question (c) of question 4, answer the following:

(a) Are you a U.S. Citizen? Yes ___ No ___

(b) Are you a Permanent Resident of the United States of America? Yes___ No ___

(c) Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (You should have received a fee/filing receipt or Notice of Action (I-797) from the U.S. Citizenship and Immigration Services (USCIS) showing your I-485 has been reviewed and has not been rejected.) Yes___ No ___

(d) Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which: __________________________________________

(Visa/Status)

(e) Do you currently live in Texas? Yes___No ___ If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in question 7.

(f) (1) If you currently live in Texas, how long have you been living here? Months_______ Years _____
(2) What is your main purpose for being in the state? Go to college ___ Establish/Maintain a home ____ Work Assignment ___. If for reasons other than those listed above, give an explanation in question 7.

(g) (1) If you are a member of the U.S. military, is Texas your Home of Record? Yes ___ No ___
(2) What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement? ____________________________

(State)

(h) (1) Do you hold the title to real property (home, land) in Texas? Yes ____ No ___
If yes, date acquired:__________________________
(2) Do you own a business in Texas? Yes ____ No ___ If yes, date acquired:__________________________
(3) Do you hold a state or local license to conduct a business or practice a profession in Texas? Yes ____ No ___ If yes, date acquired:__________________________
(i) While living in Texas, have you been gainfully employed for at least a consecutive 12-month period? [Gainful employment: lawful activities intended to provide an income to a person or allow a person to avoid the expense of paying another person to perform the tasks (as in child care or the maintenance of a home). A person who is self-employed, employed as a homemaker, or who is living off his/her earnings may be considered gainfully employed for tuition purposes, as may a person whose primary support is public assistance.] Yes ___ No ___

(2) While living in Texas, have you received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period? Yes ___ No ___

(j) Are you married to a person who could answer “yes” to any part of question (h) or (i)? Yes ___ No ___
If “yes,” indicate which question could be answered “yes” by your spouse: _______________________________
How long have you been married to the Texas resident? Months ___________ Years ____________

Skip Question 6 and continue to Question 7

6. If you answered "Parent" or "Legal Guardian" to question (c) of question 4, answer the following:

(a) Is the parent or legal guardian upon whom you base your claim of residency a U.S. Citizen? Yes___ No___

(b) Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident of the United States of America? Yes___ No___

(c) Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (Your parent or legal guardian should have received a fee/filing receipt or Notice of Action (I-797) from the U.S. Citizenship and Immigration Services (USCIS) showing the I-485 has been reviewed and has not been rejected.) Yes___ No___

(d) Is this parent or legal guardian a foreign national here with a visa or a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which“ ________________________________ (Visa/Status)

(e) Does this parent or legal guardian currently live in Texas? Yes___ No____ If he or she is out of state due to a temporary assignment by his or her employer or other temporary purpose, please explain in question 28.

(f) (1) If your parent or legal guardian is currently living in Texas, how long has he or she been living here? Months ___________ Years___________
(2) What is your parent's or legal guardian's main purpose for being in the state? Go to College___ Establish/Maintain a Home____ Work Assignment ____

(g) (1) If your parent or legal guardian is a member of the U. S. military, is Texas his or her Home of Record? Yes ___ No ___
(2) What state is listed as your parent's or legal guardian's residence for tax purposes on his or her Leave and Earnings Statement? _________________________ (State)

(h) Does your parent or legal guardian:
(1) hold the title to real property (home, land) in Texas? Yes ___ No ___
If yes, date acquired: ____________________________
(2) own a business in Texas? Yes ___ No ___ If yes, date acquired: ____________________________
(3) hold a state or local license to conduct a business or practice a profession in Texas? Yes___ No ___ If yes, date acquired: ____________________________

(i) While living in Texas, has your parent or guardian been gainfully employed for at least a consecutive 12-month period? [Gainful employment: lawful activities intended to provide an income to a person or allow a person to avoid the expense of paying another person to perform the tasks (as in child care or the maintenance of a home). A person who is self-employed, employed as a homemaker, or who is living off his/her earnings may be considered gainfully employed for tuition purposes, as may a person whose primary support is public assistance.] Yes ___ No ___

(2) While living in Texas, has your parent or guardian received services from a social service agency that provides services to homeless persons for at least a consecutive 12-month period? Yes ___ No ___
(j) Is your parent or legal guardian married to a person who could answer "yes" to any part of question (h) or (i)? Yes __ No ___
If "yes," indicate which question could be answered "yes" by his or her spouse:
_________________________________________________________________
How long has your parent or legal guardian been married to the Texas resident?
Months ______  Years ______

7. General Comments. Is there any additional information that you believe your college should know in evaluating your eligibility to be classified as a resident? If so, please provide it below:

Certification of Information

☐ Notification of Rights under the Family Educational Rights and Privacy Act (FERPA):
Information collected about you through this application may be held by any institution of higher education to which you apply. With few exceptions, you are entitled on your request to be informed about the collected information. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to correct information held by an institution that is incorrect. You may correct information held by any institution to which you apply by contacting your institution. The information that is collected about you will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

☐ If my application is accepted, I agree to abide by the policies, rules and regulations at any college to which I am admitted. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action. I understand that officials of my college will use the information submitted on this form to determine my status for residency eligibility. I authorize the college to verify the information I have provided. I also authorize the college to electronically access my records regarding the Texas Success Initiative. I agree to notify the proper officials of the institution of any changes in the information provided.

Signature: _______________________________ Date: _______________________________

Financial Aid Information

You must apply for financial aid separately. You can apply on-line at www.fafsa.ed.gov. Contact the institution's financial aid office directly for more information.

Non-Discrimination Clause

Admission to any of the Texas institutions of higher education and any of their sponsored programs is open to qualified individuals regardless of race, color, gender, creed, age, national origin or disability.
STUDENT PRIVACY NOTICE

As a student you have certain rights provided by the federal Family Educational Rights and Privacy Act (FERPA). According to FERPA, educational entities have the right to disclose certain directory information. This directory information includes name; field of study; enrollment status (full-time, part-time, undergraduate, graduate, etc.); degrees, certificates, and other awards received; the type of award received; dates of attendance; student classification and the name of the most recent previous institution attended. This information can be provided to anyone who inquires and usually includes but is not limited to other institutions, prospective employers, or family members.

FERPA also allows, with your consent, for the Texas Higher Education Coordinating Board (the State of Texas educational governing entity) to disclose student information, including the number of credit hours taken at other institutions, to a variety of parties including other educational institutions. This information is typically used to gather demographic statistics aimed at improving educational programs.

YOU as a student have the right to request this information not be released.

Please indicate your preference to release “directory information” by checking one of the following:

________ Hill College has my permission to release directory information as described in the above paragraph to prospective employers, scholarship programs, credit card companies or other interested parties.

________ I do not want my directory information as described in the above paragraph to be released to any parties.

____________________________________    _________________________________
PLEASE PRINT NAME    Social Security Number

Signature                  Date

IMPORTANT NOTE:
If you request that your directory information be private, no information will be released to a third party. This means that your information will be blocked from ALL requestors, including:

Third party scholarship sponsors
National & state student honors programs
(Phi Theta Kappa, Who—who, American Scholars, etc.)
Printed graduation programs
Employers certifying attendance and degrees
Published honor rolls
Recruiting lists for other colleges/universities
State tuition rebates, Texas Grant awards, and other state scholarships
IMPORTANT INFORMATION ABOUT BACTERIAL MENINGITIS

This information is being provided to all new college students in the State of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast – so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among collect student every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

WHAT ARE THE SYMPTOMS?

- High fever
- Severe headache
- Vomiting
- Rash or purple patches on skin
- Stiff neck
- Light sensitivity
- Confusion and sleepiness
- Nausea
- Seizures
- Lethargy

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body. The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.

HOW IS BACTERIAL MENINGITIS DIAGNOSED?

- Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests.
- Early diagnosis and treatment can greatly improve the likelihood of recovery.

HOW IS THE DISEASE TRANSMITTED?

- The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?

- Death (in 8 to 24 hours from perfectly well to dead)
- Permanent brain damage
- Kidney failure
- Learning disability
- Hearing loss, blindness
- Limb damage (fingers, toes, arms, legs) that requires amputation
- Gangrene
- Coma
- Convulsions

CAN THE DISEASE BE TREATED?

- Antibiotic treatment, if received early, can save lives and chances of recover are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for: (1) Those living in close quarters; (2) College students 25 years old or younger
- Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years.
- The cost of vaccine varies so check with your health care provider.
- Vaccination is very safe – most common side effects are redness and minor pain at injection site for up to two days.
- Check with your physician for vaccination information.
- Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the diseases in the U.S. (But does not protect against all types of meningitis).

HOW CAN I FIND OUT MORE INFORMATION?

- Contact your own health care provider.
- Contact your local or regional Texas Department of Health office.
- Contact web sites: www.cdc.gov/ncidod/dbmd/diseaseinfo; www.acha.org