



# Undergraduate Application

PLEASE TYPE OR PRINT

The application must be returned with the non-refundable application fee.

## PERSONAL DATA

Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

(for financial aid purpose only)

Former Last Name(s) if any: \_\_\_\_\_

Permanent home address: \_\_\_\_\_

Street Address

City or Town

County

State

Zip

If different from above, please give your mailing address for all admission correspondence:

Street Address

City or Town

County

State

Zip

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male  Female

Race:  Black or African-American  Hispanic or Latino  Asian  White

Native Hawaiian or Pacific Islander  American Indian or Alaskan Native

Citizenship \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

## Enter X in appropriate box. You must complete all questions:

Have you lived in Kentucky for the last 12 months?  Yes  No

Have you received financial support from an individual outside of Kentucky during the last 12 months?  Yes  No

Are you a resident of Kentucky?  Yes  No

Does either parent (or legal guardian) live in Kentucky?  Yes  No

Veteran Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Have you ever been charged of ANY criminal offenses?  Yes  No If yes, please explain and provide documentation.

Emergency Contact: \_\_\_\_\_

Last Name

First Name

Street Address

City/Town

State

Zip

Emergency Contact phone number: \_\_\_\_\_

Area Code

Number

## ARE YOU APPLYING AS:

Freshmen  Transfer  International  Non-degree Student  Visiting Student

Beginning: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ 20 \_\_\_\_

Intended Major: \_\_\_\_\_ /Minor: \_\_\_\_\_ Are you requesting on-campus housing?  Yes  No

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High Schools Attended List last high school attended first	Name of High School	City & State	Dates Attended	Date Graduated

  

College Attended List last college attended first	Name of College	City & State	Dates Attended	Date Graduated

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**FAMILY - Note:** *For purpose of this application reference to mother and father also means stepmother and stepfather, if appropriate.*

Mother or Guardian's full name: \_\_\_\_\_

Home Address if different from yours: \_\_\_\_\_

Primary Phone:     (     )     Cell Phone:     (     )    

E-mail Address: \_\_\_\_\_

Father or Guardian's full name: \_\_\_\_\_

Home Address if different from yours: \_\_\_\_\_

Primary Phone:     (     )     Cell Phone:     (     )    

E-mail Address: \_\_\_\_\_

Has any other member of your family ever attended Kentucky State University? If yes, please give name and dates of attendance.

**DEADLINES: Application Priority April 1, Scholarship February 15**

I certify that this information is true and complete to the best of my knowledge. Falsification of information on the application could jeopardize acceptance and enrollment. I authorize any schools or colleges I have previously attended to release my personal and academic information to Kentucky State University representatives. I agree that my college grades may be used for statistical studies or sent to my high school or junior college for evaluation purposes. I understand that official high school (or college) academic transcripts and the results of my ACT/SAT examination must be received by Kentucky State University's Office of Admissions before an admission decision can be made. Further, I understand the application fee is non-refundable and that this application and fee are valid for up to one year from this date, provided I have attended no other school in the interim.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date