



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