



Office of Admissions

3820 Senator J. Bennett Johnston Ave.

Lake Charles, LA 70615

Office: 337 491-2688 • Fax: 337 491-2054

www.sowela.edu

APPLICATION FOR ADMISSION

Required Documents for Admission: Official High School or GED transcript, ACT/SAT scores (if applicable), all college/university transcripts, copy of your Social Security Card, copy of your driver's license, and completed immunization form. Your application will not be processed until all documents are received: submitting an incomplete or unsigned application will delay the admissions process.

Indicate when you plan to start attending classes at Sowela: Fall _____ Spring _____ Summer _____

Student Information – Please Print in Black or Blue ink

Social Security Number		Last Name		First	Middle	Maiden	
Date of Birth (mm/dd/yyyy)		Mailing Address			City	State	Zip
Parish/County		Home Phone Number ()		Cell Phone Number ()		E-mail Address	
Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status (optional) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Ethnicity (optional) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> International Student <input type="checkbox"/> All Other			
Emergency Contact Name		Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Relative		Contact Number ()		2 nd Contact Number ()	

Academic Information

Did you graduate from a state-approved high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Graduation Date or Anticipated Date	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date GED was awarded (mm/yy)	
Name of High School		City	State	Parish/County
Have you ever attended Sowela Technical Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the last semester of your attendance at Sowela Technical Community College (semester and year) _____ If yes, have you attended another school since your attendance at Sowela Technical Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently attending any college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No				

List all colleges and universities you have attended or are currently attending (if more than three, please attach on a separate sheet of paper)

School	Location	From (semester and year)	To (semester and year)	Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSOCIATE DEGREES (High School Diploma or GED is required)

- Accounting Technology
- Industrial Electronics
- Computer Technology – Computer Programming
- Computer Technology – Computer Operations
- Aviation Maintenance Technology
- Industrial Instrumentation
- Commercial Art
- Office Systems Technology
- Criminal Justice
- Computer Technology – Computer Networking
- Drafting & Design Technology
- General Studies*
- Process Technology

TECHNICAL DIPLOMAS (High School Diploma or GED is not required)

- Automotive Technology
- Welding
- Collision Repair Technology
- Practical Nursing (requires a High School Diploma or GED)
- Culinary Arts and Occupations
- Industrial Electricity (Electrician)

(Financial Aid is not available for these programs)*

How are you planning to fund your education?

- Financial Aid
- Work
- Scholarship/TOPS
- Other

FOR OFFICE USE ONLY

<input type="checkbox"/> First Time Freshman (FTF)	<input type="checkbox"/> Transfer Student	CIP Code _____
<input type="checkbox"/> First Time First Year (FTFY)	<input type="checkbox"/> Re-Admit	Student ID _____
<input type="checkbox"/> Non-Credit/Leisure Learning	<input type="checkbox"/> Non-Degree Seeking	<input type="checkbox"/> Ability to Benefit (ATB)
<input type="checkbox"/> Visiting Student		<input type="checkbox"/> Transitional Studies Only
<input type="checkbox"/> Program Change _____ to _____		

- ACT
- SAT
- ASSET
- COMPASS
- EXEMPT
- TRANSCRIPT _____

TESTING RESULTS: Reading Skills _____ Writing Skills _____ Numerical Skills _____ Elementary Algebra _____ ACT/SAT Composite _____



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Special Population Information – This information is for Federal reporting purposes ONLY, the information will remain confidential.

Academic Issues

- Secondary Grades below 2.0 on 4.0 scale
- Dropped out or left high school before completion
- Migrant-agricultural or fishing industry/family who has moved from one school district to another during the past year to secure temporary off-seasonal employment in a related industry.

Economic Issues

- Household income is below the poverty line (\$6,970 for a household of one; \$9,430 for a household of two; \$11,890 for a household of three, etc.)
- Eligible for Aid to Families with Dependent Children or other public assistance programs
- Eligible for free or reduced lunches

Miscellaneous (check all that apply)

- Limited English proficiency/English is second language
- Non-traditional occupation/training/work schedule
- Single parent (includes single and pregnant)
- Presently a foster child
- Displaced homemaker
- Felony criminal conviction

Parental Education

- MOTHER: Grade School High School Some College Undergraduate Degree Graduate Degree Post-Graduate or Professional School
- FATHER: Grade School High School Some College Undergraduate Degree Graduate Degree Post-Graduate or Professional School

Disabilities/Medical Conditions

As defined in Section 3 of the Americans with Disabilities Act of 1990, the term "disability" means, with respect to an individual:

- A. A physical or mental impairment that substantially limits one or more of the major life activities of the individual,
- B. A record of such impairment,
- C. Being regarded as having such an impairment.

- Yes, I have a disability in accordance with the above definition.
- No, I do not have a disability in accordance with the above definition.

Other Medical (This information will be used in case of an emergency.)

Known Medical Issues, Allergies, or Disabilities

Read statement and sign for acknowledgement and permission for medical assistance.

If an ambulance is necessary, 911 and your emergency contact will be called. Medical personnel will transport you to a local hospital. The above medical information will be provided to medical emergency personnel in the event of an emergency. You are responsible for all fees incurred in case of an emergency, including any service requested for or by you to ensure appropriate medical care. **I agree to the above emergency plan.**

 Signature of Applicant

 Date

I certify that all information given is complete and accurate, and I agree to abide by all rules and regulations of Sowela Technical Community College. I realize that falsification of any information on this form or intentional omission of information may lead to refusal of admission or dismissal from Sowela Technical Community College. I fully understand that it is my responsibility to have all required records (official transcripts, etc.) mailed directly to the Office of Student Affairs from the respective high school or college/university on or before the specified deadline listed in the current class schedule. In addition, I also understand that my registration will be canceled and I will be dropped from the rosters of Sowela Technical Community College without appeal if my records are not filed in the office by this date or if my records do not meet requirements for admission. **I do hereby authorize Sowela Technical Community College to access my academic records.**

 Signature of Applicant

 Date

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Louisiana Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Verification Number	_____	Approved By: _____
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HS or GED Transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____
College or University Transcript(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____
Name of School	_____	
Name of School	_____	
Name of School	_____	
Immunization Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____
New Applicant Date for Orientation	_____	

NOTES

Enrollment Specialist Approval _____ Date _____