

Office of Admissions and Student Records, 10230 Ridge Road, New Port Richey, FL 34654 727-816-3371 FAX 727-816-3389 phsc.edu

Application for Admission: Early College Program							
Note: This Application Form Must be Processed with High School Counseling Office							
(no application fee required)							
 PHSC Campus location: Classes not offered PHSC campus location Please confirm carrelication prior to registration. 	tions. () Returning to ECP	Fall admission only: August: (enter year) Due May 15 th before Fall term.					
High School currently atte	nding HS Staff Representative or counselor/telephone #	Current HS grade: () 11 th grade () 12 th grade Estimated HS grad date:					
Applying for the following program (select one):	() AA Degree	() AS Degree					
INSTRUCTIONS: • Attach a copy of unweighted high school GPA of 3.0							
Please complete all items		ngent upon submission of appropriate					
this form carefully, includi		and appropriate school official's signature.					
signatures and dates.	• Official transcripts of any prior college work completed required prior to						
	admission.	Social Socurity eard must be presented with the					
	 Copy of official Photo ID and Social Security card must be presented with the application. 						
 Social Security Numl Legal Name: 							
Last First M							
3. Address:							
	Number & Street (include apt number if appropriate) County City/State/Zip code						
4. Phone Numbers:	Primary Other						
5. Date of Birth:		Gender: [] Male [] Female					
6. Email Address:							
7. Race:	Are you Hispanic? No Yes	Not Reporting					
Check all that apply White Asian/East Indian Black/African American							
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8.	Does your mothe	r/guardian have a bachelor's degree?	7	Yes	No	Unsure/Not answered			
9.	Does your father	guardian have a bachelor's degree?	Y	l'es	No	Unsure/Not answered			
10.	Are you a citizen	of the United States? [] Yes []	No					
	If <u>NO</u> , indica	te your country of birth:			Citize				
	USCIS Statu	s [] Alien Resident Number:		(attach copy of card)					
		[] Non-resident of U.S. Visa Type:				Expiration Date:			
	(Attach a copy of your passport and I-94 card)								
11.	Is a language other	er than English your native (first) language?		Yes	No No				
STUDENT CERTIFICATION									
I certify that the answers given herein are true and correct to the best of my knowledge. I agree that, if accepted, I									
will abide by all rules, regulations and policies of the College, now and hereafter adopted, as set forth in the District									
Board of Trustees Rules and as published in the College Catalog/Student Handbook. I understand that additional rules									
may apply as agreed to in the county and PHSC Early College Program agreement. I understand that falsification of									
inforn	nation in any adn	nissions document is grounds for denial of	adm	nission aı	nd may re	esult in dismissal from the College.			
I hereby give permission to PHSC to photograph me and to publish such photos in any PHSC advertising media, including									
video	tapes, slides, prin	nted publications and any other media forr	n, fo	r all the	uses perr	nitted by Florida Statute. I also			
agree	to the release of	any transcripts and/or test scores to be se	ent e	lectronic	ally to o	from PHSC to other educational			
institu	itions as needed	for educational purposes.							
Applicant Signature:			Date:						
		L							
		PARENT CERTIFI	CAT	ION					
I ce	ertify that the ans	swers given herein are true and correct to	the k	best of m	y knowle	edge. I further acknowledge that			
as an enrolled college student, student data and record information from the college is protected by federal education									
law and will not be released to the parent/guardian. The College will release appropriate information regarding									
students attending PHSC's Early College Program to the public school district only. Inquiries regarding student									
attendance or performance should be directed to the public school district.									
Paren	t Signature:			Date:					
HIGH SCHOOL REPRESENTATIVE - COUNSELOR/ADVISOR CERTIFICATION									
I certify that the answers given herein are true and correct to the best of my knowledge. I certify that the student									
meets all eligibility criteria for admission, for continuing enrollment, for satisfactory academic progress as outlined in the									
Early College Program agreement signed with our county school system.									
HS Sch	nool District			Date:					
Repre	sentative								
Signat	ture:								

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Notification of Social Security Number Collection and Usage

In compliance with Florida Statute 119.071(5), this document serves to notify you of the purpose for the collection and usage of your Social Security number (SSN).

Pasco-Hernando State College (PHSC) collects and uses your SSN only for the following purposes in performance of the college's duties and responsibilities. To help protect your identity, PHSC policies and procedures prohibit the release or disclosure of your SSN to unauthorized parties contrary to state and federal law, and assigns you a unique student or employee identification number. This unique ID number is used for all associated employment and educational purposes at PHSC.

Students

Admissions

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for community colleges to collect the SSN of every student. A student may refuse to disclose his or her SSN to the college for this purpose, but the IRS is then authorized to fine the student in the amount of \$50.00.

In addition to the federal reporting requirements, the public school system in Florida uses SSNs as a student identifier (section 1008.386, FS). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next.

Financial aid

A student's SSN is required for the following financial aid purposes:

The United States Department of Education's (USDOE) Free Application for Federal Student Aid (FAFSA) requires all applicants to report their SSN to be used for all federal financial aid programs as a student identifier for processing and reporting. In addition to its use by USDOE as a student identifier, the SSN is required in order for the Department of Homeland Security to investigate citizenship status, for the Federal Work Study Program, and is required on all loan applications for use by the lender, servicer, or guarantor.

PHSC collects a student's SSN on certain institutional scholarship applications for student files and federal and state audit/reporting purposes.

If you are a recipient of a State of Florida grant or scholarship such as the Florida Student Assistance Grant, Florida Work Experience or Bright Futures, the State of Florida Department of Education will require the use of the SSN on their grant/scholarship disbursement website and for reporting purposes.

Library

Student, faculty, and staff SSNs will be used in the college center for library automation, Library Information Network for Community Colleges (LINCC) for online login authentication, patron verification and the elimination of duplicate records.

Outreach programs

The Take Stock in Children, College Reach-Out Program and other similar programs are youth outreach (intervention) projects funded by discretionary grants from the U.S. or Florida departments of education. In order to verify a participant's project eligibility, Social Security numbers are required and also later used when submitting information for the Annual Performance Reports due to the U.S. or Florida departments of education.

Workforce programs

These programs, funded through the Agency for Workforce Innovation (AWI), use your SSN as an identifier for program enrollment and completion. Also, it is used for entering placement information into either the OSMIS or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, AWI requires that all participants and their program related activities be recorded in the Florida state system

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