INFORMATICS
PEOPLE • SYSTEMS • DATA

Enrollment Application

Confidential student information (please print with pen)

Date: _____   AWC Student ID: _____

Name: Last _____   First _____   M.I. _____

AWC E-mail: _____ Toro.azwestern.edu   Personal E-mail: _____

Address: _____
                        Street   City   State   Zip

Mailing address if different form above:

Address: _____
                        Street   City   State   Zip

What is the best way to reach you?   ☐ Toro E-mail   ☐ Cell phone   ☐ Home phone   ☐ other

Phone #   Home: _____   Cell: _____

Date of birth: _____   Gender: ☐ Male ☐ Female   Veteran: ☐ Yes ☐ No
                                                                                                Active Military: ☐ Yes ☐ No

Citizenship   ☐ U.S.Citizen   ☐ Permanent Resident

Ethnicity:

☐ American Indian or Alaska Native   ☐ Hispanic/ Latino   ☐ Black or African - American

☐ Native Hawaiian or Pacific Islander   ☐ Asian   ☐ White

High School Attended: _____

Did you obtain a High School Diploma or GED?   ☐ Yes   ☐ No   Year completed? _____

What emphasis are you seeking?

☐ System Administration   ☐ Cyber Operations

☐ Software Development/ Information Management   ☐ Digital Design

Are you or will you be receiving Federal Pell Grant? ☐ Yes ☐ No ☐ Don't Know

Have either of your parents attended a college or university? ☐ Yes ☐ No

Have either of your parents graduated from a 4-year college or university? ☐ Yes ☐ No

Highest level of education: Mother: _____ Father: _____

Do you need special assistance due to a disabling ☐ Yes ☐ No
condition?

Do you plan to transfer to UA-South once you have completed your degree at AWC? ☐ Yes ☐ No

Have you attended other colleges'? ☐ Yes ☐ No If yes, What is the name of the College? _____

How many semesters you have attended the college mentioned above? _____

What will be your desired enrollment status? ☐ Full time ☐ Part time

Please Read Carefully Before Signing:

*I certify that all the information on this form is accurate and complete to the best of my knowledge. I understand that all information provided will be kept confidential and will be used to determine eligibility and services needed. I hereby give the Informatics Program permission to obtain information regarding my financial and academic status. If I identify a disability, I grant permission to the AWC **AccessABILITY Resource Services** to release necessary information to Informatics Program staff for the purpose of verifying eligibility. If accepted, I will participate as required by the Informatics Program. I also, grant the Informatics Program my permission to use my photograph, image, and videotape, or otherwise record of my participation in program activities and to reproduce and use such recordings. I hereby grant permission to KEYS Program to use my name, likeness, voice and/or biographical information with any media format which includes, but is not limited to: non-commercial promotional activities, newspapers, magazines, television, radio, film, and/or on the internet. Also, my consent is freely given as a public service to Informatics Program without expectation of payment.*

_____   _____
Student Signature   Date

Mail or bring completed application to:
Informatics Program
Arizona Western College
Yuma Campus- Office AC 122
PO Box 929
Yuma, AZ 85366-0929

Informatics Program Use Only
Date: _____

_____ Accepted   _____ Not Accepted   Reason: _____

Director Signature: _____   Date: _____