



APPLICATION FORM

YES!
Count me in as a supporter!

Check payable to:
SMC FOUNDATION
(write "Emeritus" in the memo line)

\$1,000 and above
\$500 to \$999
\$250 to \$499
\$100 to \$249

Full Legal Last Name _____ Full Legal First Name _____ Middle _____

Legal Permanent Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above). Include P.O. Box, City and Zip Code.

Area Code _____ Telephone Number _____ Birth Month _____ Day _____ Year _____ Check One: Male Female

SMC/Emeritus Identification No. _____ Email (required for enrollment) _____

Email me information on SMC Emeritus, SMC Foundation, and SMC.

Where did you hear about us?

Social Media _____ Paper Ad _____

Word of Mouth _____ Other _____

Emergency Contact _____

Emergency Telephone No. _____

Relationship to Student _____

REQUIRED

*** WITHOUT YOUR SIGNATURE AND DATE WE CANNOT PROCESS YOUR FORM**

I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that falsification, withholding pertinent data or failure to report changes in residence may result in my dismissal.

Signature: _____

Date: _____

MY DONATION OF \$ TO SUPPORT EMERITUS IS ENCLOSED.

Please send me information about how I can provide for SMC and/or SMC Emeritus in my will or estate plan, including tax benefits and the SMC Foundation's Legacy Society.

PLEASE PRINT:

Name _____

Address _____

City/State _____

Zip _____

Phone Number _____

Email _____

This donation should be listed as Anonymous.

YOU MUST ANSWER THE FOLLOWING QUESTIONS EACH TIME YOU REGISTER.

Term: Summer _____ Fall _____ Winter _____ Spring _____ Have you enrolled in SMC or Emeritus Classes before? YES _____ NO _____

Have you resided in California for at least two years? YES _____ NO _____ If NO, since _____

If NO, last legal resident address: _____

Have you been disqualified or dismissed from a college? YES _____ NO _____

If yes, enter college name? _____ and year _____

Section No.	Course Names	Time/Day	Section No.	Course Names	Time/Day
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WRITE ONE CODE NUMBER IN EACH BOX AT THE RIGHT: (The State requires this information for new students.)

Ethnic Background	1. African American	3. White	6. South American	9. Cambodian	12. Japanese	15. Vietnamese	18. Hawaiian
	2. American Indian/Alaskan Native	4. Mexican/Chicano	7. Hispanic Other	10. Chinese	13. Korean	16. Asian Other	19. Samoan
		5. Central American	8. Asian Indian	11. Filipino	14. Laotian	17. Guamanian	20. Pacific Islander
Citizenship	1. United States	3. Temporary Resident	5. Student F1 or M1 Visa	7. Unknown			
	2. Permanent Resident	4. Refugee/Asylee	6. Other (specify below):	8. Foreign student taking online classes from home country.			
	If you selected No. 2,3,4,5,or 6, write in your Permanent Resident or Visa No.:				Issue Date:		
Enrollment Status	1. First time college student.	3. Returning to SMC, last attended another college.	5. Continuing from a previous semester.				
	2. First time at SMC, attended another college.	4. Returning to SMC, last attended SMC.	6. Special admit, currently enrolled in K-12.				
Educational Level	Year last attended school:		5. Received High School Proficiency Certificate				
	CERTIFICATE, DEGREE OR GRADUATED FROM:		6. Foreign Secondary School Diploma				
	0. Non-high school graduate	2. Adult Diploma	7. Earned College Associate Degree				
	1. Advanced high school	3. High school graduate – No college degree	8. Earned College Bachelor Degree or higher				
		4. Passed GED test					