



# APPLICATION FORM

**YES!**

Count me in as a supporter!

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

**\$1,000 and above**  
President's Circle

**\$500 to \$999**

**\$250 to \$499**

Club 250 starts at \$250

**\$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.

**MY DONATION OF \$ \_\_\_\_\_ TO SUPPORT EMERITUS IS ENCLOSED.**

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:** \_\_\_\_\_

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.)**

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