



APPLICATION FORM

Download this form and complete it in Adobe Acrobat Reader.
Submit in PDF format and email to: emeritus@smc.edu

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 _____
 SMC/Emeritus Identification No. _____ Email _____

Check One:

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

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 |
|-------------|--------------|----------|-------------|--------------|----------|
|-------------|--------------|----------|-------------|--------------|----------|

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

Emergency Contact _____
 Emergency Telephone No. _____

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.

WRITE ONE CODE NUMBER IN EACH BOX AT THE RIGHT: (The State requires this information for new students.)

| | | | | | | | |
|--------------------------|--|--|---|--|---|--|--|
| Ethnic Background | 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 |
| Citizenship | 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: _____ | | |
| Enrollment Status | 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. | | | | |
| Educational Level | 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 | | | | |