

How to Apply

Individuals are urged to refer to the EMCC website for information regarding application deadlines, admission requirements, and program curricula, prior to submitting an application.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

- Complete application for admission;
- Non-refundable \$20 application fee;
- High school transcript for all years attended sent directly from school;
- Official GED/HISET test results sent directly from school or Department of Education in state issuing the exam (if applicable);
- Transcripts of all previous college/university work sent directly from each institution;
- SAT or ACT scores sent directly from College Board or high school for applicants who will graduate/have graduated within the previous three years. (Call to discuss options if no scores available.)

ADDITIONAL REQUIREMENTS FOR MEDICAL ASSISTANT, MEDICAL RADIOGRAPHY, NURSING AND SURGICAL TECHNOLOGY APPLICANTS:

- Application essay (see back);
- Two recommendations sent directly from the evaluators on EMCC forms*;
- Pre-admission test results for applicants to the Medical Radiography and Nursing programs*

All individuals ADMITTED to the above-mentioned programs will be required to submit to a national criminal background screening process at their expense *within 30 days of acceptance**. Information provided upon acceptance.

*Forms/info can be found at www.emcc.edu (Admissions & Financial Aid tab).

APPLICATION FOR ADMISSION

Legal Name in Full:

Last	Suffix	First	Middle Initial
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Birth/Former Name(s): _____

Preferred Name: _____

Permanent Mailing Address:

_____ Apt. # _____

City _____ State _____ ZIP _____

Maine County (if applicable): _____

Home Phone: () _____

Cell Phone: () _____

E-Mail Address: _____

Social Security Number: _____

Are you a resident of Maine? Yes No
If yes, date you became a legal resident: _____
Month Year

Are you a U.S. Citizen or permanent resident? (check one) Yes No

Indicate Alien Registration # (if applicable): _____

If you are not a U.S. Citizen or permanent resident, indicate your country of citizenship: _____

Optional items; information used for reporting purposes only.

Date of Birth: _____ Gender: Male Female Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race (check all that apply): American Indian or Alaskan Native Black or African American White
 Native Hawaiian or Other Pacific Islander Asian

What is the highest level of education completed by your **mother** (or legal female guardian)?

- Less than HS diploma
- HS diploma or equivalent
- Some college/no degree
- Associate (2yr) Degree
- Bachelor's (4yr) Degree or higher
- Unknown

What is the highest level of education completed by your **father** (or legal male guardian)?

- Less than HS diploma
- HS diploma or equivalent
- Some college/no degree
- Associate (2yr) Degree
- Bachelor's (4yr) Degree or higher
- Unknown

Have you previously applied to EMCC or attended classes? Yes No If a former student, last attended: _____
Month/Year

High school last attended: _____ Highest Grade Completed: _____
Name of School City State

H.S. Graduation or GED/HiSET Year: _____ Home Schooled Adult Education Diploma GED/HiSET

Did you attend a high school vocational program? Yes No If yes, where: _____
Vocational/Career/Technical Center City State

Indicate the highest degree YOU have earned (if applicable):
 Associate Degree Bachelor's Degree Master's Degree Other

Indicate **all** prior academic history, regardless of whether transfer credit is being sought. **Attach separate sheet if necessary.** Applicants must disclose all prior colleges/universities attended. Failure to furnish all information on past education may constitute adequate reason for disqualification of your acceptance or subsequent dismissal from the College as well as possible retraction or denial of financial aid funds.

Colleges/Universities you have attended (include current and previous):

Name of Institution	City/State	Dates (from-to)	Degree(s) Earned

Desired Program of Study

(check one program and the desired credential)

- Credential Key: AA - Associate in Arts Degree
 AAS - Associate in Applied Science Degree
 AS - Associate in Science Degree
 Cert - Certificate
- | | | | |
|---|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Automotive Technology | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Building Construction | <input type="checkbox"/> AS | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Business Management | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Small Business Development | | | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Career Studies (+4yrs work exp. req'd. See Catalog for details.) | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Civil Engineering Technology | <input type="checkbox"/> AS | | |
| <input type="checkbox"/> Computer Systems Technology | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Criminal Justice | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Culinary Arts | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Diesel, Truck & Heavy Equipment | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Digital Graphic Design | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Early Childhood Education | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Education | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Career & Technical Education | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Electrical & Automation Technology | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Electricians Technology | | | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> AAS | | <input type="checkbox"/> Cert |
| At what EMT level are you currently licensed? _____ | | | |
| <input type="checkbox"/> Fine Woodworking & Cabinet Making | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Fire Science Technology | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Hospitality & Tourism Management | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Liberal Studies | <input type="checkbox"/> AA | | |
| Career/educational goal if applying for Liberal Studies (if known): _____ | | | |
| <input type="checkbox"/> Medical Assistant Technology | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Medical Office Technology | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Health Care Secretary | | | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Medical Radiography | <input type="checkbox"/> AS | | |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> AS | | |
| <input type="checkbox"/> Outdoor Recreation & Tourism | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Restaurant & Food Service Management | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Refrigeration, AC & Heating Technology | | <input type="checkbox"/> AAS | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Surgical Technology | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Trade & Technical Occupations | | <input type="checkbox"/> AAS | |
| <input type="checkbox"/> Welding/Pipe Welding (Degree program available as an upgrade only) | | | <input type="checkbox"/> Cert |
| <input type="checkbox"/> Other Program: _____ | | | |

Are you a veteran? Yes No

If yes, are you eligible to receive veterans' educational benefits? Yes No

What type of benefits? _____

Branch of service: _____

Preferred Enrollment Date:

- Fall (August/September) 20____
Year
- Spring (January) 20____
Year
- Summer (May/June) 20____
Year

Preferred Site to Take Classes (check one):

- Bangor
 Dover-Foxcroft
 East Millinocket
 Ellsworth

Preferred Enrollment Status (check one):

- Full-time
 Part-time

Preferred Class Schedule (check one):

- Days
 Evenings
 Online if available

Program-specific prerequisites required of each program of study can be found at www.emcc.edu. If you are currently taking program prerequisites, please indicate class and expected completion date below:

APPLICATION ESSAY

An essay is required for Medical Assistant, Medical Radiography, Nursing and Surgical Technology applicants. Attach a separate sheet of paper describing what life experiences have led you to select "_____" as a career.

I certify that all information stated on this application is accurate and complete.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature (if applicant is under 18 years of age): _____

Office Use Only--Date Received

Office Use Only--Method of Payment