



Application for Admission

Or apply online at www.ozarka.edu



Ozarka College

...providing life-changing experiences through education.

ADMISSIONS CHECKLIST

- Complete the Ozarka Application for Admission Form.
- Submit either official high school transcript or GED transcript of score report, along with all previous college work, if applicable. High school transcript should indicate date of graduation.
- Provide proof of immunizations against measles, mumps, and rubella.
- Supply official copy of ACT, ASSET or Compass test scores which are required for placement in math, English and reading.

*All Documents
should be mailed to:*

**Ozarka College
Office of Admissions
P.O. Box 10
Melbourne, AR 72556**

Important Ozarka Numbers:

Melbourne Main #	(870) 368-7371
Fax:	(870) 368-2091
Admissions:	(870) 368-2028
Financial Aid:	(870) 368-2010
Finance Fax:	(870) 368-2092
Ash Flat Center:	(870) 994-7273
Mountain View Center:	(870) 269-5600
Toll Free:	(800) 821-4335

Ozarka College

Application for Admission

OFFICE USE	
Student ID	_____
Program	_____
Advisor	_____
_____ Admissions	_____ Letter

PLEASE PRINT

When do you plan to enroll at Ozarka? (check one)

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

Legal Name:

Last _____ First _____ Middle _____ Maiden or Former Name _____

Date of Birth: _____ *Social Security Number: _____

Mailing Address: _____
 Street or PO Box _____ City _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
 Name _____ Relationship _____ Phone _____

This information is requested for completion of various federal and state reporting purposes. Ozarka College does not discriminate in admission of students on the basis of gender, disability, age, race, national origin or religion as specified by Title IX of the Educational Amendment of 1973.

Gender: Male Female U.S. Citizen: Yes No Displaced Homemaker: Yes No

Ethnicity: White, Non-Hispanic Black, Non-Hispanic Hispanic Asian American Indian

EDUCATIONAL GOALS

I plan to apply for financial aid: (check one) Yes No

Enrollment Classification: (check one) Freshman Transfer Non-Degree Concurrent/High School Re-Applicant

I plan to attend: (check one) Full-time Part-time

College Objective: (check one)

- Take courses to transfer to another institution
- Enrolled in high school and taking courses at Ozarka
- Take selected career related courses but not earn a degree
- Degree plans are undecided (ONLY SELECT IF YOU DO NOT PLAN TO APPLY FOR FINANCIAL AID)
- Earn a degree or certificate at Ozarka (REQUIRED TO QUALIFY FOR FINANCIAL AID)

If you check this box please select a major in the gray box.

<p>INTENDED COLLEGE MAJOR: (check one)</p> <p><input type="checkbox"/> Associate of Arts (General Education/Transfer Degree)</p> <p><input type="checkbox"/> Associate of Arts in Teaching</p> <p><input checked="" type="checkbox"/> Associate of Applied Science</p> <ul style="list-style-type: none"> <input type="checkbox"/> Automotive Science Technology <input type="checkbox"/> Business Technology <input type="checkbox"/> Culinary Arts** <input type="checkbox"/> Criminal Justice Leadership** <input type="checkbox"/> General Technology <input type="checkbox"/> Health Information Management <input type="checkbox"/> Registered Nursing** (LPN to RN) 	<p><input checked="" type="checkbox"/> Technical Certificate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Automotive Science Technology <input type="checkbox"/> Culinary Arts** <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Health Professions <input type="checkbox"/> Licensed Practical Nursing** <p><input checked="" type="checkbox"/> Certificate of Proficiency - (offered only on demand)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting <input type="checkbox"/> Business Computer Applications <input type="checkbox"/> Business Management <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Emergency Medical Training - Basic <input type="checkbox"/> Health Professions <input type="checkbox"/> Information Science Technology
<p>**Criminal Justice, Culinary Arts, Licensed Practical Nursing, and Registered Nursing all have additional admission requirements and instructions. Please contact the admissions office to request details.</p>	

*Social Security Number: We respect your right for privacy. State/Federal reports and Federal Financial Aid require the use of your SSN. Ozarka College will issue you a student ID number that will be used to reference your account.

Please Detach Here

ACADEMIC INFORMATION:

High School Attended _____ Year of Graduation _____

If completed GED, in which state _____ Date Completed _____

Please list all college, universities and post-secondary institutions attended, including Ozarka. If none, write "none".

NAME OF SCHOOL	CITY	STATE	DATES OF ATTENDANCE	HOURS EARNED	DEGREE EARNED

Please check appropriate level of education for either parent:

MOTHER: ___ high school diploma ___ 2-year degree ___ 4-year degree

FATHER: ___ high school diploma ___ 2-year degree ___ 4-year degree

Selective Service Status

I understand that to be eligible for admission to Ozarka College, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq, as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly.

I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempt from such registration because of the following provision(s) of the Military Selective Service Act or Act 228 of the Acts of the Arkansas General Assembly:

- ___ I certify that I am registered with the Selective Service.
- ___ I certify that I am not required to register with the Selective Service because:
 - ___ I am female.
 - ___ I am under 18 years of age.
 - ___ I am an exempted resident alien.
 - ___ I am 26 years or age or older.
 - ___ I am a current member of the armed forces on active duty.
 - ___ Other: _____

Please Detach Here

I certify that all information on this application form is complete and accurate. I understand application processes for special admission programs and am aware that Ozarka College is a drug-free campus operating within the guidelines as set forth in the Drug-Free Schools and Communities Act Amendment of 1989. Furthermore, I understand that misrepresentation or omission of information will be cause for dismissal and loss of credit. Should any of the information on this form change prior to my entry to Ozarka College, I will immediately notify the Admissions Office.

I hereby give permission to Ozarka College to use, in booklets, press releases and other promotions, the applicant's name and any school photograph or video or footage in which this applicant may appear. These images may appear in any of the wide variety of formats and media now available to the college and that may be available in the future, including but not limited to print, broadcast, video-tape, CD-ROM and electronic/online media.

I authorize Ozarka College to access my immunization record through the Arkansas Department of Health and Human Services Immunization Register.

"Be it resolved: Ozarka College is an affirmative action/equal opportunity institution. In keeping with its non-discrimination policy in employment, admissions and other functions and programs, the College considers employees and students on the basis of individual merit without regard to sex, race or color, religion, national origin, age, condition of handicap, or other factors irrelevant to participation in its programs."

Information concerning completion or graduation rates of degree-seeking, full-time students entering Ozarka College, and Campus Security information is available on request from the VP for Students Services, (870) 368-2027. Please mail supporting application documents to: Office of Admissions Ozarka College P.O. Box 10 Melbourne, Arkansas 72556.

Signature _____ Date _____

Print Name _____ Date of Birth _____