

HCC — LIMITED ACCESS PROGRAM  
FIREFIGHTER'S ACADEMY/CINDY GREEN  
2112 N. 15<sup>th</sup> St Tampa, Fl. 33605  
813-253-7697  
[cgreen@hccfl.edu](mailto:cgreen@hccfl.edu)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SOC SEC # \_\_\_\_\_ RACE \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE (H \_\_\_\_\_ (C) \_\_\_\_\_ E-Mail \_\_\_\_\_

APPLICATION FOR ADMISSIONS CHECKLIST. **INCOMPLETE APPLICATION PACKAGES WILL BE RETURNED WITH A LETTER STATING WHY THE APPLICATION WAS RETURNED.**

- \_\_\_\_\_ 1. Hillsborough Community College application for admission with \$20.00 admissions fee. If you are a former student and have already paid this fee, this fee does not apply. **THE HCC APPLICATION MUST BE RETURNED.** The residency section on the back **MUST** be completed or **the entire package will be returned.** Incomplete applications will cause a delay in your being placed on the waiting list.
- \_\_\_\_\_ 2. Copy of valid driver's license or birth certificate. If submitting a check with your application, your driver's license number will need to be written on your check. **A copy of your driver's license is not on file at HCC.**
- \_\_\_\_\_ 3. Copy of your high school diploma or GED scores. If you cannot locate your high school diploma, **AN OFFICAL TRANSCRIPT CAN BE THE REPLACEMENT. Your high school diploma is not on file at HCC.**
- \_\_\_\_\_ 4. An official high school transcript (**in a sealed envelope**) is required by the Admissions office at HCC. Transcripts from **ALL colleges and technical schools** attended are also required by the Admissions office at HCC. If transcripts are already on file with HCC, duplication is not necessary. **If you get a letter stating the transcripts are missing, and you feel this is incorrect, please check with the campus where you submitted them to check your file.** It is the student's responsibility to submit transcripts to HCC.
- \_\_\_\_\_ 5. Copy of the TABE scores. If you have complete college level English and Math or are currently in the EMT program, these scores are not needed. A TRANSCRIPT SHOWING ENROLLMENT IN AN EMT CLASS IS REQUIRED (UNLESS YOU ARE AN HCC STUDENT). CLAST, SAT, and ACT scores within the last three years can be used. All scores must exceed a 10<sup>th</sup> grade level.
- \_\_\_\_\_ 6. Copy of EMT / Paramedic Certification or First Responder Course completion.

PLEASE CHECK CLASS TIME PREFERENCE.

Part-Time: Mon/Wed/Sat \_\_\_\_\_ Tues/Thurs/Sunday \_\_\_\_\_ Full-Time: M-TH \_\_\_\_\_ Tues-Fri \_\_\_\_\_

PLEASE RETURN THIS FORM WITH THE SUPPORTING DOCUMENTS TO THE ADDRESS AT THE TOP OF THE PAGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HILLSBOROUGH

Community College

## Application for Admission

\$20 Non-refundable Application Fee Required

Check the campus you plan to attend:  Dale Mabry P.O. Box 30030 Tampa, FL 33630-3030  Ybor City P.O. Box 5096 Tampa, FL 33675-5096  Brandon 10414 E. Columbus Dr. Tampa, FL 33619-7856  Plant City 1206 North Park Road Plant City, FL 33563-1540

Please print/type with black ink all information. Applicants for Health Science, Nursing and the HCC Honors Institute must submit separate program applications.

A/R/R Operator	Entry Term
Date	
Student I.D. #	

### PERSONAL INFORMATION

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Previous Name \_\_\_\_\_

Local Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Residence (at time of application) City \_\_\_\_\_ State \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Social Security Number. \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Ethnicity: (Required by the U.S. Office of Education, Title VI Civil Rights Act of 1964). Only check one:

White  Black or African American  Asian  Native Hawaiian or other Pacific Islander  Hispanic  American Indian or Alaskan Native

Gender:  Male  Female E-mail Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Driver's License # \_\_\_\_\_ State \_\_\_\_\_

U.S. Citizen?  Yes  No If no, name of country \_\_\_\_\_

Are you a resident alien?  Yes  No Resident Alien # \_\_\_\_\_ Date Issued \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Please attach copy of RA card. Card must be presented prior to or upon first registration.

For applicants who entered the U.S. on a visa and are not resident aliens:

Date of entry into the U.S. \_\_\_\_\_ Visa type \_\_\_\_\_ Date Issued \_\_\_\_\_

Country issuing Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Please attach a copy of 1-94 card and visa.

### ADMISSION STATUS

When do you plan to enroll? Year \_\_\_\_ Check one:  Fall (August)  Spring (January)  Summer (May)

Indicate the academic degree you hope to achieve at HCC. (Use academic program codes in the instructions published in the catalog). To apply for financial aid or VA, you must be seeking a degree.

Associate in Arts Degree  Associate in Science Degree  College Credit Certificate  
 Associate in Applied Science  Applied Technology Diploma \_\_\_\_\_  Academic Program \_\_\_\_\_ **VOC.FF** \_\_\_\_\_

Mark the statement which most closely corresponds to your status:

First Time in College  Transfer Student  Teacher Recertification  Tech Prep  
 Former Student Returning  Prior Degree \_\_\_\_\_  Transient Student: Current Inst. \_\_\_\_\_  
 Credit in Escrow  Early Admission Student  Dually enrolled H.S. Student  
 Non-Degree Seeking  Con Ap Program  Senior Citizen

### EDUCATIONAL BACKGROUND

#### Secondary Education

HCC requires a standard high school diploma or a certificate of completion (college placement test eligible). Applicants who do not meet this requirement should meet with an advisor or counselor.

I received my high school diploma from:

High School Name: \_\_\_\_\_ City \_\_\_\_\_ State (Foreign Country) \_\_\_\_\_ on \_\_\_\_\_ Month \_\_\_\_\_ Year

I will receive my high school diploma from:

High School Name: \_\_\_\_\_ City \_\_\_\_\_ State (Foreign Country) \_\_\_\_\_ on \_\_\_\_\_ Month \_\_\_\_\_ Year

I received a General Education Diploma (GED) from Military or State \_\_\_\_\_, Date \_\_\_\_\_ GED scores must be submitted to ARR.

#### Postsecondary Information

List all colleges, universities, technical schools, etc., that you are currently attending or have previously attended, including HCC.

Name of Institution (print complete name)	City/State/Foreign Country	Dates of Attendance - From Mo/Yr to Mo/Yr	Hours/Degree Earned

**RESIDENCE CLASSIFICATION (Please read carefully)**

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least 12 consecutive months. Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature. All other persons are ineligible for classification as a Florida "resident for tuition purposes".

To qualify as a Florida resident for tuition purposes you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes for the term for which a Florida resident classification is sought. A copy of your most recent tax return or other documentation may be requested to establish dependence/independence.

DEFINITIONS: (A) DEPENDENT: A person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service and is under age 24.  
(B) INDEPENDENT: A person who provides more than 50% of his/her own support and is 24 and older.

**NON-FLORIDA RESIDENTS ONLY**

I understand that I do not qualify as a Florida resident for tuition purposes for the term which this application is submitted and that if I should qualify for a future term, it will be necessary for me to file the required documentation prior to the beginning of the term in order to be considered for Florida residency classification.

Signature in ink \_\_\_\_\_ Date \_\_\_\_\_ State of residence prior to Florida \_\_\_\_\_ Date moved to Florida \_\_\_\_\_

**CHECK ONE CATEGORY – FLORIDA RESIDENT FOR TUITION PURPOSES AFFIDAVIT**  
(IF YOU DO NOT QUALIFY, SIMPLY SIGN THE NON-FLORIDA RESIDENT SECTION ABOVE)

- 1. I am an independent person and have maintained legal residence in Florida for at least 12 consecutive months.
- 2. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 consecutive months.
- 3. I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 consecutive months. (Attach a notarized verification letter. Adult relative must also complete the residency information.)
- 4. A Florida public college/university declared me a resident for tuition purposes. Name of institution \_\_\_\_\_ (Attach verification from institution.)
- 5. I am married to a person who has maintained legal residence in Florida for at least 12 consecutive months. I have established legal residence and intend to make Florida my permanent home. (Copy of marriage certificate required.)
- 6. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 consecutive months ago and am now re-establishing Florida legal residence. (Attach verification from institution.)
- 7. According to the United States Bureau of Citizenship and Immigration Services, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 consecutive months. (BCIS documentation required.)
- 8. I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or my home of record is Florida [or I am the member's spouse or dependent child]. (Copy of military orders [DD2058] or military document showing home of record required.)
- 9. I am a full-time instructional or administrative employee employed by a Florida public school or institution of higher education [or I am the employee's spouse or dependent child]. (Copy of employment verification required.)
- 10. I am part of the Latin American/Caribbean scholarship program. (Copy of scholarship papers required.)
- 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-Secondary Expense Program (S1009.971,F.S.). (Copy of card required.)
- 12. I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or a political subdivision for the purpose of job-related law enforcement or corrections training. (Letter of verification required.) (S1012.01,F.S.)
- 13. I am a full-time student participating in a linkage institute (S.288.8175,F.S.). (Letter of verification required.)

**REQUIRED OF ALL FLORIDA RESIDENTS – ATTACH COPIES OF DOCUMENTATION INDICATED ABOVE** - Additional documentation (e.g. copies of voter's registration, tax returns, deeds, etc.) may be required by HCC in some cases. ALL DOCUMENTATION IS SUBJECT TO VERIFICATION. Someone other than the student (e.g., parent) should complete this affidavit if the student is dependent or seeks to be classified as a Florida resident by virtue of a relationship. Otherwise, the student should complete this affidavit. PLEASE PRINT: (Two forms of ID are required)

1. Name of Student: \_\_\_\_\_ 2. Student SSN: \_\_\_\_\_  
The CLAIMANT is the person who is claiming Florida residency, (e.g., the student (if independent), parent, spouse, or legal guardian). All of the questions below pertain to the claimant.

3. Name of Claimant: \_\_\_\_\_ 4. Relationship of Claimant to Student: \_\_\_\_\_

5. Permanent Legal Address of Claimant: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Date Claimant Began Establishing Legal Florida Residence: \_\_\_\_\_ 7. Telephone Number of Claimant: ( \_\_\_\_\_ ) \_\_\_\_\_

8. Driver's License: STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ 9. Claimant's Vehicle Registration: STATE \_\_\_\_\_ TAG NUMBER \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

10. Claimant's Voter Registration STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION**

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for the classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties pursuant to 837.06, Florida Statutes, and that a false statement in this affidavit may subject the above named student to the penalties for making a false or fraudulent statement.

Signature in ink of person claiming Florida residency \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

I agree to abide by all rules and regulations of Hillsborough Community College. I agree that if my credentials are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes without a refund of any fees paid.

I understand that I may be provisionally admitted until all of my transcripts and related academic records have been received.

I authorize HCC to obtain my Florida public school/college/university records and test scores through the use of electronic means, if my former school participates in the Florida Automated System for Transferring Educational Records (FASTER). I agree to the release of any transcripts and test scores to HCC, including any score reports that HCC may request from the College Board or ACT.

I DECLARE under penalty of perjury punishable by law under Section 775.08, Florida Statutes, that information contained in my application and the Certificate of Residency set forth above is true and accurate.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_