

HCC-LIMITED ACCESS PROGRAM
FIRE ACADEMY/YVONNE ARLINE
2112 N. 15th St Tampa, Fl. 33605
813-259-6462
yarline@hccfl.edu

APPLICATION FOR ADMISSIONS CHECKLIST

NAME _____

ADDRESS _____ CITY: _____ State _____ Zip _____

SOC SEC # _____ RACE _____ GENDER _____ U.S MILITARY VETERAN: Yes _____ No _____

PHONE (H) _____ (C) _____ E-Mail _____

INCOMPLETE APPLICATION PACKAGES WILL BE RETURNED WITH A LETTER STATING WHY THE APPLICATION WAS RETURNED.

- _____ 1. **THE HCC APPLICATION MUST BE RETURNED TO ADDRESS LISTED ABOVE.** The residency section on the back must be completed or **the entire package will be returned to student.** Applicant must submit at least 2 forms of residency documentation such as Driver's License, Vehicle or Voter Registration Card.
- _____ 2. Copy of valid driver's license or birth certificate. **A copy of your driver's license is not maintained on file at HCC.**
- _____ 3. 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.

4. **EMT / PARAMEDIC STATUS:** (Please check one)

_____ Completed & Certified _____ Completed Course/Awaiting State Exam _____ Not an EMT/Paramedic

_____ Currently Attending / Projected Completion Date _____

PLEASE CHECK CLASS SCHEDULE PREFERENCE. (Please select one class *only*)

Part-Time: Mon/Wed/Fri

or

Part-Time: Tues/Thurs./Sat

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

Signature _____ Date _____

INCOMPLETE APPLICATIONS WILL CAUSE A DELAY IN YOUR NAME BEING PLACED ON THE WAITING LIST



HILLSBOROUGH Community College

A/R/R Operator	Entry Term
Date	
Student ID #	

Application for the Fire Academy at HCC

FOR OFFICE USE ONLY

All classes will be held at the Fire Academy, 2112 N. 15th Street, Tampa, FL 33605

Please print /type with **black ink** all information.

PERSONAL INFORMATION

Legal Name Last _____ First _____ Middle Initial _____

Previous Name (if any) _____

Local Address _____ Apt. _____

City _____ State _____ Zip Code _____ Country _____

Residence (at time of application) City _____ State _____

Phone: Home: _____ Cell _____ Business _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Ethnicity (*The information you provide in this section will not be used in a discriminatory manner.*)

Only check one: White Black or African American Asian Native American or Pacific Islander American Indian or Alaskan Native

Gender Male Female Email Address _____

Emergency Contact Name: _____ Home phone: _____ Work Phone: _____

Student Driver's License: _____

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 submitted with application.

For Applicants who entered the U.S. on a Visa and are not a resident alien.

Date of entry into the U.S. _____ Visa Type _____ Date Issued _____

Country Issuing Visa _____ Expiration Date _____

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

ADMISSION STATUS

When do plan to enroll: Year _____ Check one: Fall (August start) Spring (January Start) Summer (May Start)

Attending? Full Time Part-time

Indicate which program you are enrolling in?

PSAV Fire Fighter/ Emergency Medical Technician (689 clock hours)

PSAV Fire Fighting (398 clock hours)

Other Fire Science programs apply through HCC Admissions.

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. You are required to submit all official transcripts directly to the HCC Transcript Office, P.O. Box 31127, Tampa, FL 33631-3127. If you did not attend college, submit your official standard high school transcript or GED scores to the campus you plan to attend. Financial aid applicants must submit high school and college transcripts.

Name High School	City HS located	State HS located/ Foreign Country	Grad. Month	Grad. Day	Grad. Year

Plan to Graduate: I will be receiving:

Name High School	City HS located	State HS located /Foreign Country	Grad. Month	Grad. Day	Grad. Year

General Education Diploma (GED) from the Military or State _____ Date _____ GED scores must be submitted to ARR

Postsecondary Information

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

Name of Institution (Print/type complete Name)	City / State/ Foreign Country	Dates of Attendance From mm/yy to mm/yy	Hours earned or Degree awarded.

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)

<input type="checkbox"/> 1. I am an independent person and have maintained legal residence in Florida for at least 12 consecutive months.	<input type="checkbox"/> 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.)
<input type="checkbox"/> 2. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 consecutive months.	<input type="checkbox"/> 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.)
<input type="checkbox"/> 3. I am a dependent person and 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.)	<input type="checkbox"/> 10. I am part of the Latin American/Caribbean scholarship program. (Copy of scholarship papers required.)
<input type="checkbox"/> 4. A Florida public college/university declared me a resident for tuition purposes. Name of Institution _____ (Attach verification from Institution.)	<input type="checkbox"/> 11. I am a qualified beneficiary under the tens of the Florida Pre-Paid Post-Secondary Expense Program (S1009.971,F.S.). (Copy of card required.)
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)	<input type="checkbox"/> 13. I am a full-time student participating in a linkage institute (S.288.8175,F.S.) (Letter of verification required.)
<input type="checkbox"/> 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.)	

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: () _____
 Claimant's _____

Claimant's _____

8. Driver's License: _____ **9. Vehicle Registration:** _____

STATE NUMBER ISSUE DATE 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 any fund 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

**FAILURE TO SUBMIT THE FOLLOWING DOCUMENTATION WITH
YOUR APPLICATION WILL RESULT IN YOUR APPLICATION BEING
RETURNED TO YOU AS INCOMPLETE.**

To be in compliance with Florida Law and State Board of Education Rule, two forms of documentation dated or issued at least 12 months prior to the first day of classes for the term (defined as the regular 16-week term) in which residency is requested ARE REQUIRED. The two forms of documentation must be presented prior to the last day of drop/add for the intended term of enrollment. Possession of a legal tie to any other state (driver's license, vehicle registration, voter registration) negates the ability to be classified as a Florida resident for tuition purposes.

- Florida driver's license issued 12 months prior to the first day of classes (original issue)
- Florida Vehicle registration
- Florida Voter's registration issued 12 months prior to the first day of classes
- Florida State Identification Card issued 12 months prior to the first day of classes (only for individuals who do not or cannot drive) accompanied by notarized statement indicating that the student or the student's mother, father or legal guardian does not drive, does not hold a driver's license in any state, and does not own a vehicle
- Letter of employment on company letterhead indicating (a) full-time non-temporary employment in Florida or (b) part time permanent employment in Florida
- Proof of purchase of permanent home in Florida with documentation of the filing of Homestead Exemption
- Professional of Occupation license in Florida issued 12 months prior to the first day of classes
- Declaration of Domicile filed with the Clerk of Court at least 12 months prior to enrollment

NOTE: Rent receipts, utility bills, telephone bills, leases and tax returns are not acceptable for validating legal Florida residence for tuition purposes at a state-supported institution.