



A Program of Santa Monica College

# APPLICATION FORM

Mail To: SMC Emeritus, 1227 2nd Street, Santa Monica, CA 90401

**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**

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.

Full Legal Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Full Legal First Name \_\_\_\_\_  
 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 \_\_\_\_\_  
 Check One:  Male  Female  
 SMC/Emeritus Identification No. \_\_\_\_\_ Email \_\_\_\_\_

**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: \_\_\_\_\_

**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

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

<b>Ethnic Background</b>	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
<b>Citizenship</b>	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.
<b>Enrollment Status</b>	If you selected No. 2,3,4,5, or 6, write in your Permanent Resident or Visa No.: _____ Issue Date: _____	
<b>Educational Level</b>	Year last attended school: _____ CERTIFICATE, DEGREE OR GRADUATED FROM: 0. Non-high school graduate 1. Advanced high school	5. Returned to SMC, last attended another college. 6. Returning to SMC, last attended SMC. 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