



# Application for Admission

Midway College  
512 E. Stephens Street  
Midway, Kentucky 40347-1120

Phone: (859) 846-5346 • 1-800-755-0031 • Fax: (859) 846-5787 • E-mail: admissions@midway.edu • www.midway.edu

## Personal Information

Please print or type; return with \$25 application fee.

Name \_\_\_\_\_  
(first) (middle) (last) (maiden) (preferred)

Present Mailing Address \_\_\_\_\_

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

County \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name \_\_\_\_\_

Citizenship:  United States Citizen  Permanent Resident (include copy of Green Card)  
 Other \_\_\_\_\_

If International, please list country or province \_\_\_\_\_

Racial/Ethnic background (optional):  African American/Black  American Indian or Alaskan Native  
 Asian American or Pacific Islander  Caucasian  Hispanic  Other (specify) \_\_\_\_\_

Religion/Demonination \_\_\_\_\_

## Academic Plans

I plan to enter Midway College beginning:  Fall  Spring  Summer (evening classes only) Year \_\_\_\_\_

Please indicate your area of interest. If you are interested in more than one program of study, indicate by number in order of preference.

**Biology\***  
*\*Students interested in Pre-Medicine or Pre-Veterinary should declare Biology as a major.*

**Business Administration**  
Concentrations  
 Accounting  
 Equine Business

**Computer Information Systems (A.A. or B.A.)**

**English**

**Environmental Science**

**Equine Studies**  
(must declare an Equine Concentration)  
Concentrations  
 Equine Management  
 Equine Science

**Equine Studies (continued)**

Equine Therapy  
 Equitation Instruction

**Nursing (A.D.N.)**

**Organizational Administration and Leadership (OAL)**  
 Concentration in Business Policy

**Professional Studies**

**Psychology**  
Concentration  
 Equine Assisted Learning

**Sport Management**

**Teacher Education Certification**  
 Elementary (P-5)  
 Middle (5-9)  
 Secondary (8-12)

**Teacher Education Certification (continued)**

Special Education- Learning and Behavior Disorders (P-12)  
(must accompany either P-5 or 5-9 Teacher Education Certificate)

**Undecided**

**Minors**

Art Studio  
 Biology  
 Business Administration  
 Chemistry  
 English  
 Horsemanship  
 Psychology  
 Women's Studies  
 Writing

Mail this completed form and official transcript(s) to the following address:

Office of Admissions  
Midway College  
512 E. Stephens Street  
Midway, KY 40347-1120

In order for a transcript to be considered official it must:

1. Be mailed directly from the school to Midway College, **or** hand-delivered in a sealed school envelope.
2. Have official school seal, signature and date.

**Educational  
Background**

High School \_\_\_\_\_  
Name City and State Graduation Date

Guidance Counselor \_\_\_\_\_  
 Have you taken the ACT or SAT? Date (s) taken \_\_\_\_\_  
 Do you plan to re-take the test(s)? When? \_\_\_\_\_

College \_\_\_\_\_  
Name City and State Date of Attendance

Number of hours completed \_\_\_\_\_ (Qtr./Sem.) or Degree earned \_\_\_\_\_

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Name City and State Date of Attendance

Number of hours completed \_\_\_\_\_ (Qtr./Sem.) or Degree earned \_\_\_\_\_

College \_\_\_\_\_  
Name City and State Date of Attendance

Number of hours completed \_\_\_\_\_ (Qtr./Sem.) or Degree earned \_\_\_\_\_

**Sports  
Interest**

If you have participated in varsity or club athletics, please list them below.

Sport	Position	No. of Years	Awards
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate intercollegiate sport(s) in which you plan to participate:  
 Basketball  Softball  Tennis  Volleyball  Cross Country/Track  Equestrian  Soccer

**General  
Information**

List other colleges to which you intend to apply \_\_\_\_\_

How did you learn about Midway College? Please check all that apply.  
 Newspaper  Television  Radio  Website/Internet  Other \_\_\_\_\_

Do you plan to live in campus housing?  Yes  No

Have you ever been dismissed or forced to withdraw from another university?  Yes  No

If so, date you were dismissed \_\_\_\_\_  Academic  Disciplinary

Explain \_\_\_\_\_

List any personal accomplishments, awards or activities \_\_\_\_\_

\_\_\_\_\_

Do you intend to file the Free Application for Federal Student Aid (FAFSA)?  Yes  No

Name and address of your hometown newspaper: \_\_\_\_\_

I give permission to release scholarship information for publication

Signature \_\_\_\_\_

**Family  
Information**

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Highest Level of Education:  High School  Associate Degree  Bachelor Degree  Graduate Degree

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Highest Level of Education:  High School  Associate Degree  Bachelor Degree  Graduate Degree

Your Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

I reside with  father  mother  spouse  other.

Have members of your family graduated from Midway College?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Certification**

I certify that the information which I have given on this application is true to the best of my knowledge. I authorize the Office of Admissions to release the information in this application to the Midway College Office of Financial Aid. I authorize the Midway College Office of Financial Aid to discuss this data with other officials within the college if needed. I will use all aid funds to pay for educational costs at Midway College.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the Office of Financial Aid to release award information as needed to persons or organizations considering me for financial assistance. This may include admissions staff, coaches and faculty members who are recruiting or trying to assist me.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_