



Name _____
(first) (middle) (last) (maiden) (preferred)

Present Mailing Address _____
Street/P.O. Box/Apartment

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____ Cell Phone _____

Do you give Midway University permission to send you text messages? Yes No

Date of Birth _____ Marital Status _____

Social Security Number _____

Citizenship: United States Citizen Permanent Resident *(Include copy of permanent resident card)* Other

Country of Citizenship _____ Birthplace city/country _____ Native Language _____

Race: American Indian/Alaskan Asian Black/African American Native Hawaiian/Pacific Island White
(For statistical purposes only)

Ethnicity: Hispanic/Latino Non-Hispanic/Latino
(For statistical purposes only)

Religion/Denomination (optional) _____

High School _____ City/State _____ Graduation Year _____

There is a non-refundable \$30 application fee required for processing. The fee can be paid by check or by phone by contacting the Business Office at 859-846-5820. This application cannot be changed after submission. It becomes part of your student records file and will be treated with appropriate confidentiality. The requested information is used to determine eligibility for admission; to evaluate academic history; to support financial aid requests; to conduct demographic research for program evaluation; to comply with state and federal reporting requirements; and for other uses as required by law or accreditation standards. By signing below, you agree to the following statements:

- I certify that all of the information submitted in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.
- I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based.

Student's Signature _____

Date _____

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

Student's Signature: _____

Date _____

Parent's Signature: _____

Date _____

Midway University does not discriminate on the basis of race, color, religion, national or ethnic origin, marital status, age, or disability to administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other University-administered programs or in its employment practices. In conformity with Title IX of the Education Amendments of 1972, 20, U.S.C. S 1681 and its implementing regulation at C.F. R. Part 106, it is also the policy of Midway University not to discriminate on the basis of sex in its educational programs, activities or employment practices. The admission of women only in the Traditional Day Programs is in conformity with the provision of the Act. For additional information, contact the University Title IX Coordinator: Director of Human Resources, 11 Pinkerton Hall, 512 E. Stephens Street, Midway, Kentucky, (859) 846-5784.