



ADMISSION APPLICATION RESIDENCY SUPPLEMENT FORM

Student Information (please print)

Date of Birth: _____

Name Last _____ First _____ M.I. _____

This form may only be completed by new or returning students that have not enrolled in classes in the last 12 months.

For tax purposes, are you Dependent or Self-Supporting/Independent?

Dependent on Parent/Guardian or Spouse (Your Parent/Guardian or Spouse claim you on their taxes)

- If Dependent, please complete SECTION A below only.

Self-Supporting/Independent (You are not claimed on taxes as a dependent)

- If Self-Supporting/Independent, please complete SECTION B below only.

SECTION A: Dependent of Parent/Guardian or Spouse

Does your parent/guardian or spouse consider themselves a resident of Arizona? Yes No

You must be physically living in Arizona for at least 12 months to be admitted to AWC as an in-state resident.

If no, what is the state of residency for your parent/guardian or spouse? _____

Has your parent/guardian or spouse filed taxes in their state of residence (AZ, CA or other) for the past two years? Yes No

Is your parent/guardian or spouse registered to vote in the in their state of residence (AZ, CA or other)? Yes No

If yes, when did they first register to vote? (MM/YYYY) ____/____/____

Was your parent/guardian or spouse's driver's license or state ID issued in Arizona? Yes No

If no, in what state was your parent/guardian or spouse's driver's license or state ID issued? _____

Driver's License or State ID Number: _____ Date issued:(MM/DD/YYYY) ____/____/____

Has this ID been renewed in the last 12 months? Yes No

Is your parent/guardian or spouse currently employed? Yes No

If yes, what is the state/location of current employer: _____

Employer Name: _____ Date Employment Began (MM/YYYY) ____/____/____

If no, list any other income source and the date it began: _____ (MM/YYYY) ____/____/____

If your parent/guardian or spouse's current employment began less than 24 months prior to today's date list previous employer. Employer Name: _____ Date Employment Began (MM/YYYY) ____/____/____

SECTION B: Self-Supporting/Independent

Do you consider yourself a resident of the state of Arizona? Yes No

You must be physically living in Arizona for at least 12 months to be admitted to AWC as an in-state resident.

If no, what is your state of residency? _____

Have you filed taxes in your state of residence (AZ, CA or other) for the past two years? Yes No

Was your driver's license or state ID issued in Arizona? Yes No

If no, in what state was your driver's license or state ID issued? _____

Driver's License or State ID Number: _____ Date issued:(MM/DD/YYYY) ____/____/____

Has this ID been renewed in the last 12 months? Yes No

Was your driver's license or state ID issued in Arizona? Yes No

If no, what state was your driver's license or state ID issued? _____

Driver's License or State ID Number: _____ Date issued:(MM/DD/YYYY) ____/____/____

Are you currently employed? Yes No If yes, what is the state/location of current employer: _____

Employer Name: _____ Date Employment Began (MM/YYYY) ____/____/____

If no, list any other income source and the date it began: _____ (MM/YYYY) ____/____/____

If your parent/guardian or spouse's current employment began less than 24 months prior to today list their previous employer. Employer Name: _____ Date Employment Began (MM/YYYY) ____/____/____

I certify that the residency information provided in this application is accurate to the best of my knowledge. I understand that if the residency information I have provided is not sufficient to determine residency status, I may be classified as out-of-state for tuition and fee purposes.

Student Signature _____ Date _____

Email this form to admissions@azwestern.edu

DEPENDENT

INDEPENDENT