

KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

SUBMIT APPLICATION TO:

LINDA LINVILLE
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FRANKFORT, KENTUCKY 40601
FAX: (502) 573-1535
E-MAIL: [CPE Online Support Center](#)

ACADEMIC COMMON MARKET RESIDENCY DETERMINATION APPLICATION I

(to be completed by current high school seniors and those who graduated from high school within the last 6 months*)

GENERAL INSTRUCTIONS

- [13 KAR 2:045, Determination of Residency Status for Admission and Tuition Assessment Purposes](#), is the regulation that establishes the procedures and definitions used in determining residency classification.
- Answer all questions that apply to your situation.
- **The 2011 KY Individual Income Tax Return, Form 740 (or other approved documentation) must be submitted with this application.**
- This application must be signed by the student and notarized by a notary public.

**An expanded application may be requested if additional information is needed.*

INSTITUTION AND PROGRAM INFORMATION

Academic Common Market college/university program you plan to attend and program you will be enrolled in:

Institution Name: _____

City/State: _____

Degree Program/Major** : _____

Degree Code (e.g., BA, BS, BSAE): _____ Is this an online program? yes no

****Attach documentation that confirms your acceptance into this degree program.**

PERSONAL INFORMATION

Name: _____

(Last / First / Middle or Maiden / Jr., II, etc.)

Social Security Number (last 4 digits only): XXX - XX - _____

Address: _____

(City / County / State / ZIP) _____ / _____ / _____ / _____

Phone Numbers: Home (_____) _____ Other (_____) _____

E-mail Address(es) to be used for all future communications: _____

ENROLLMENT INFORMATION

High School Name: _____

City / State: _____

Graduation Date: _____

When do you plan to start the ACM program indicated above? Select one option below.

Semester:	Summer	Fall	Spring
Year:	2012 _____	2012 _____	2013 _____

SUPPORTING INFORMATION

Parents (or Guardian)

Father's name: _____

Father's address: _____

City / State: _____

Father's telephone number: (____) _____

How many years (continuously) has your father been living in Kentucky, if at all? _____

Provide the following information on your father's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Father's visa type, if applicable: _____

Mother's name: _____

Mother's address: _____

City / State: _____

Mother's telephone number: (____) _____

How many years (continuously) has your mother been living in Kentucky, if at all? _____

Provide the following information on your mother's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Mother's visa type, if applicable: _____

Guardian's name: _____

Guardian's address: _____

City / State: _____

Guardian's telephone number: (____) _____

How many years (continuously) has your guardian been living in Kentucky, if at all? _____

Provide the following information on your guardian's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Guardian's visa type, if applicable: _____

1. When did your present stay in Kentucky begin? Month/Year _____

2. List the places you have lived for the past three years (beginning with your most recent address):

Date(s) M/Y From – M/Y To	Place of Residence Number / Street / City / State
_____	_____
_____	_____
_____	_____

3. Do you (your family) own ___ or rent ___ your home? How long have you lived there? _____ yrs

4. Do you operate a motorized vehicle? ___ Yes ___ No

If Yes, is this vehicle registered in your name? ___ Yes ___ No

If No, in whose name is the vehicle registered? _____

State in which the vehicle is registered _____ Vehicle License Number _____

5. Driver's License Number: _____ State in which license was issued: _____

6. Are you currently registered to vote? ___ Yes ___ No

If Yes, where? ___ Kentucky ___ Other (specify) _____

7. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?

Federal? ___ Yes ___ No State? ___ Yes ___ No What state? _____

If Yes, for what most recent year? _____

8. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?

Federal? ___ Yes ___ No State? ___ Yes ___ No What state? _____

If No, when did either of your parents last claim you as an exemption on a: _____

9. Does your parent or any other person currently claim you as a dependent or as an exemption for federal or state tax purposes?

Parent? ___ Yes ___ No Other Person? ___ Yes ___ No

If Yes, Who? _____

10. Indicate your present means of financial support and sustenance. If you are applying as a new high school graduate, give percentages of financial support.

Annual Support

Work _____ Spouse _____ Parent _____ Other Persons _____ Scholarships _____

Grants _____ Assistantships _____ Loans _____ Trusts _____ Other _____

For other, please explain. _____

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**APPLICATION FOR RESIDENCY DETERMINATION
for Participation in the SREB Academic Common Market**

OATH

To the student: This statement must be notarized before submission. Do not sign this statement until you are directed to do so by a Notary Public.

State of _____

County of _____

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

County of _____

My commission expires on _____