

# ST. CATHARINE COLLEGE

## **ABOUT ST. CATHARINE COLLEGE**

St. Catharine College is an independent Catholic college that provides quality undergraduate education and offers degrees in a variety of academic areas and professional programs. Consistent with the Dominican tradition upon which it was founded, St. Catharine College fosters education grounded in the liberal arts values and is committed to the free pursuit of truth. The College embraces Christian principles while respecting individuals of all religious traditions. St. Catharine College encourages students to pursue lifelong learning and to develop a sense of responsibility for themselves, their community, and a just society.

## **Accreditations**

SCC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; Telephone number 404-679-4501) to award degrees. The College holds membership in the following associations: Southern Association of Colleges and Schools, National Catholic Educational Association, Dominican Higher Education Council, Council of Independent Kentucky Colleges and Universities, and National Association of Intercollegiate Athletics (NAIA). The College meets the requirements of the following state agencies and approval bodies and is affiliated with the: Kentucky Council on Post Secondary Education and Kentucky Board of Nursing.

## **How to Enroll**

St. Catharine College is open to and provides equal opportunity to all students regardless of age, race, color, disability, gender, religion, or national origin.

While St. Catharine College has a liberal admissions policy, it considers the quality of high school preparation, ACT or COMPASS assessment scores, student motivation, and potential for further education as important factors in evaluating applicants. Placement decisions are made on the basis of these factors.

## **Admission as a First Time Freshman**

First time, degree-seeking applicants, both full-time and part-time, must submit the following information to the Admissions Office unless otherwise noted in subsequent sections:

1. A completed application form and non-refundable application fee of \$15.00.
2. Official high school transcript(s) showing the date of graduation or an official GED report showing successful completion.

3. A report of scores from the ACT (American College Test) or the SAT (Scholastic Aptitude Test) taken within the last five years. Students whose ACT/SAT scores are over five years old or have not completed the ACT or SAT prior to registration may be required to take the COMPASS evaluation battery at the College prior to registration.
4. Academic placement based on high school transcripts, student experience, and ACT/SAT or COMPASS scores will be made at the time of registration. Students may be placed into Foundation Challenge courses based on ACT/SAT or COMPASS scores.

## **Admission as a Transfer Student**

St. Catharine welcomes transfer students. Students applying as transfer students must submit the following information to the Admissions Office:

1. A completed application form and non-refundable application fee of \$15.00.
2. Official high school transcript(s) showing the date of graduation or an official GED report showing successful completion.
3. An official transcript from all colleges attended prior to applying to St. Catharine. Transcripts stamped "ISSUED TO STUDENT" are NOT official.

## **Admission of "Second Chance" Students**

At the discretion of the Committee on Admissions and Scholastic Standing, a transfer student who was not in good academic standing at a previous institution at the time of application to St. Catharine may be accepted with specific academic conditions. Applicants in this situation should submit a request in writing for consideration along with their application to:

Director of Admissions  
St. Catharine College  
2735 Bardstown Road  
St. Catharine, Kentucky 40061

Request should be received no less than 90 days prior to the start of the semester for which the student is applying .

## **Admission as a Visiting Student**

Students enrolled in good standing at another college or university are welcomed as visiting students at St. Catharine in either regular or summer terms. Such students must submit an official statement documenting their status in good standing and approval of the Dean or other designated authority from the student's home institution.

1. A completed application form and non-refundable application fee of \$15.00.
2. A Letter of Good Standing from students' home institution as described above.

No other application information is required. If a visiting student subsequently applies for regular admission to St. Catharine, full admissions documentation must be presented:

## APPLICATION FOR ADMISSION

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Preferred Name

Male     Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number                                      Maiden Name

\_\_\_\_\_  
Number, Street, Box No.                                      City and County                                      State                                      Zip

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number                                      (\_\_\_\_)\_\_\_\_\_  
Cell Phone Number                                      Birth Date                                      Birthplace (City, State)

\_\_\_\_\_  
E-mail Address                                      If Non-U.S. Citizen, list: Country of Birth                                      Country of Citizenship

Emergency Contact: \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### Required Information for Demographic Purposes Only

Marital Status:                                       Single                                       Single Parent                                       Married

Race/Ethnicity                                       White, Non-Hispanic                                       Hispanic                                       Asian or Pacific Islander  
 Black, Non-Hispanic                                       American Indian or Alaskan Native  
 Non-resident Alien                                       Other/Bi-racial

Religious Affiliation:                                       Catholic                                       Baptist                                       Methodist                                       Presbyterian                                       Other \_\_\_\_\_

Have either of your parents completed a college degree?     Yes                                       No

Source of your interest in St. Catharine College: Check any that apply

High School Counselor                                       College Representative                                       Radio                                       Newspaper  
 Television                                       High School Teacher                                       Alumni                                       Parents  
 Relative                                       Friends                                       Other: \_\_\_\_\_

Relatives who have attended St. Catharine College

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

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

### FAMILY INFORMATION (dependent students only)

\_\_\_\_\_  
Father's Name                                      Mother's Name

\_\_\_\_\_  
Home Address                                      Home Address

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number                                      (\_\_\_\_)\_\_\_\_\_  
Work Phone Number                                      Home Phone Number                                      (\_\_\_\_)\_\_\_\_\_  
Work Phone Number

Living                                       Deceased                                       Living                                       Deceased

\_\_\_\_\_  
Occupation                                      Occupation

**EDUCATIONAL BACKGROUND**

HIGH SCHOOL ATTENDED \_\_\_\_\_  
Name (If you earned a GED, enter GED for high school.) City, State

**\*\*HIGH SCHOOL GRADUATION DATE OR GED COMPLETION DATE** \_\_\_\_\_

SAT Score \_\_\_\_\_ Date Taken/To be Taken \_\_\_\_\_ ACT Score \_\_\_\_\_ Date Taken/To Be Taken \_\_\_\_\_ GPA \_\_\_\_\_

\*\* KDE-ID # (For KY High School Graduates) \_\_\_\_\_  Not Applicable  Unknown

Have you attended any other college(s) or technical schools?  Yes  No

Name of College/State \_\_\_\_\_ Dates of Attendance (mo/yr) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ST. CATHARINE COLLEGE PLANS**

Applying for Semester beginning (check one)  Fall  Spring  Summer 20\_\_\_\_

**ADMIT STATUS**

- First Time Freshman
- High School (currently in High School)
- New Non-Degree (enrolling for credit not toward degree)
- New Visiting Student \*
- Readmit (attended SCC previously)
- Returning (attended another college since last attended SCC)
- Transfer to SCC \*\*
- Yes  No Are you eligible to return to your former school?

\*Visiting student letter required before applicant can be admitted.  
\*\*Transcripts from all previously attended institutions are required before applicant can be admitted.

- I plan to attend (check one)  Full-time  Part-time
- I plan to (check one)  Commute  Live on Campus
- Are you a veteran?  Yes  No

Please indicate any sports/activities in which you have interest: \_\_\_\_\_

Do you plan to graduate from St. Catharine College?  Yes  No  Undecided

If no, do you intend to:  Transfer and earn degree from another institution  Not seeking a degree at this time

My intended program of study will be \_\_\_\_\_  Undecided

**School of Arts & Sciences**

**Bachelor Degrees:**

- Biology  Criminal Justice  English  Fine Arts
- Liberal Arts/ Sciences  Management & Supervision  Marketing  Psychology
- Teacher Education-Elem  Teacher Education-Middle

**Associate Degrees**

- Business  Early Childhood Education  Social Work

**School of Health Sciences**

**Bachelor Degrees:**

- Health Science  Health Science-Advanced Imaging Option  Registered Nurse  Sports Leadership

**Associate Degrees:**

- Pharmacy Technology  Nursing  Radiography  Sonography
- Surgical Technology

(application continued on back page)

**FINANCIAL INFORMATION**

Do you intend to apply for financial aid?  Yes  No

Name of person(s) responsible for your college expenses: \_\_\_\_\_

1. Are you employed?  Yes  No Hours worked per week: \_\_\_\_\_

If yes, What is your total annual income?

- a. less than \$10,000                      b. \$10,000 - \$14,999                      c. \$15,000 - \$19,999                      d. \$20,000 - \$24,999
- e. \$25,000 - \$29,999                      f. \$30,000 - \$34,999                      g. \$35,000 - \$39,999                      h. \$40,000 - \$49,999
- i. \$50,000 - \$59,999                      j. \$60,000 or more

2. What is your family's total annual income?

- a. less than \$10,000                      b. \$10,000 - \$14,999                      c. \$15,000 - \$19,999                      d. \$20,000 - \$24,999
- e. \$25,000 - \$29,999                      f. \$30,000 - \$34,999                      g. \$35,000 - \$39,999                      h. \$40,000 - \$49,999
- i. \$50,000 - \$59,999                      j. \$60,000 or more

3. Which of the following best describes the household in which you currently reside?

- with parents                       with spouse                       with spouse & children
- with children                       with grandparents                       other: \_\_\_\_\_

4. Other than yourself, how many people rely on you for ALL or most of their financial support?

- 0     1     2     3     4 or more

5. How many people live in your household?

- 0     1     2     3     4 or more

**SIGNATURE REQUIRED**

PLEASE SIGN THIS APPLICATION AND RETURN IT WITH THE \$15.00 APPLICATION FEE.

I certify that the above statements are correct and complete to the best of my knowledge. I give St. Catharine College permission to use and publish photographs taken of me for editorial, advertising, or any other purpose. Students must disclose all academic history. Any student who intentionally fails to disclose this information jeopardizes his/ her enrollment in the college.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE MAIL YOUR COMPLETED ADMISSION APPLICATION TO:  
OFFICE OF ADMISSIONS · ST. CATHARINE COLLEGE  
2735 BARDSTOWN ROAD · ST. CATHARINE, KY 40061

Please include the \$15.00 non-refundable application fee.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_