



**RICHARD BLAND COLLEGE**  
OF THE COLLEGE *of* WILLIAM & MARY

# Application for Admission

**REQUIRED MATERIALS**

- Application Form
- \$25 Application Fee
- High School Transcripts
- College Transcripts (If applicable)
- SAT Scores

**FOR OFFICE USE ONLY**

Application Date: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Check Number: \_\_\_\_\_

# RICHARD BLAND COLLEGE -

## OF THE COLLEGE OF WILLIAM and MARY

### APPLICATION FOR ADMISSION

RICHARD BLAND COLLEGE IS AN EQUAL EDUCATIONAL OPPORTUNITY INSTITUTION, AND, IN KEEPING WITH THIS POLICY, THE COLLEGE MAKES NO DISTINCTION IN THE ADMISSION OF STUDENTS OR IN ANY OTHER OF ITS OFFICIAL ACTIVITIES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, HANDICAP, OR NATIONAL ORIGIN. ALL STANDARDS OF THE COLLEGE INCLUDING THOSE GOVERNING STUDENT EMPLOYMENT AND FINANCIAL AID ARE APPLIED ACCORDINGLY.

**R** \_\_\_\_\_  
For Office Use

**Legal Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Permanent Mailing Address:**

\_\_\_\_\_  
(P.O. Box/Number & Street)

\_\_\_\_\_  
(City) (State) (ZIP Code)

\_\_\_\_\_  
(Permanent Phone Number)

\_\_\_\_\_  
(Email)

Date of Birth (**REQUIRED**): \_\_\_\_\_

<b>Term and Year you wish to enter RBC:</b>	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>	<b>Year</b> _____
---	-------------	---------------	---------------	-------------------

**Citizenship:** U.S. Other: (please specify) \_\_\_\_\_

**Legal Residency:** VA Other: (please specify) \_\_\_\_\_

<b>Gender:</b>	Female	Male	<b>Marital Status:</b>	Single	Married
<b>(REQUIRED)</b>	This information is required solely for determining compliance with federal civil rights laws, and your response will not affect consideration of your application.				
<b>Ethnic Identity (optional):</b>	Are you Hispanic or Latino? _____ Yes _____ No				
<i>Select all races that apply</i>	American Indian or Alaska Native		Asian		
	Native Hawaiian or Other Pacific Islander		Black or African American		
	White		Race Unknown		

<b>High School Diploma:</b>	<b>Date of graduation:</b>	<b>June</b>	<b>January</b>	<b>August</b>	<b>Year</b> _____
-----------------------------	----------------------------	-------------	----------------	---------------	-------------------

Or **GED:** Date issued: \_\_\_\_\_

**Please list last high school attended:**

Name of school	Location	Month/Year Attended	From To

**Please list all colleges attended:**

Name of school	Location	Month/Year Attended	From To

**First-Time College Student**

**Transfer Student**

**Taken RBC classes or other college credit through high school**

**Do you plan to earn a degree at RBC?**      Yes      No

If NO, have you already earned:      Associate Degree      Bachelor Degree or higher

**Full-Time (12 credit hours or more)**

**Part-Time (less than 12 credit hours)**

**SAT:**      Taken (dates) \_\_\_\_\_      Plan to take (dates) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's DOB: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

<b>Relatives who have attended Richard Bland College:</b>	<b>Dates of Attendance</b>	<b>Degree received</b>
<b>Name</b>	<b>Relationship</b>	<b>at RBC</b>
_____	_____	_____
_____	_____	_____

**High School/College/Community Activities (such as sports, clubs, volunteer work, jobs):**

\_\_\_\_\_  
\_\_\_\_\_

**Awards and Honors (scholarships, honor societies, special recognition of achievement):**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Richard Bland College In-State Residency Form: SIDE A

To be completed by the Applicant  
MUST BE COMPLETED IN INK

Pursuant to Section 23-7.4 of *The Code of Virginia*, applicants must complete this form as well as the Supplemental In-State Residency Information Form. Failure to do so will result in automatic assignment of out-of-state tuition rates.

Applicant's Legal Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

## EVERY APPLICANT MUST COMPLETE SIDE A. IF A BOX IS NOT CHECKED, YOUR ANSWER IS ASSUMED TO BE "NO."

**IF YOU DO NOT CHECK "YES" TO ANY OF THE FOLLOWING QUESTIONS, then your parent or legal guardian must complete the Supplemental In-State Residency Form (side B). Your parent or legal guardian's signature is required for the Supplemental Residency Form to be complete.**

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

- Yes ..... I will be age 24 or older before the first day of classes.
- Yes ..... I am a veteran of the United States Armed Forces.
- Yes ..... I will be enrolled in a graduate or professional program (beyond a Bachelor's).
- Yes ..... I am married.
- Yes ..... I am an orphan or a ward of the court, or I was a ward of the court until age 18.
- Yes ..... I do have legal dependents (other than spouse).
- Yes ..... I can present clear and convincing evidence that I am self-sufficient.

**If you answer "YES" to BOTH of the following questions, then your spouse must complete the Supplemental In-State Residency Form (side B). Your spouse's signature is required for the Supplemental In-State Residency Form to be complete.**

- Yes..... I am married and wish to claim eligibility for in-state tuition rates based on my spouse's domicile.
- Yes..... My spouse provides over 50 percent of my financial support.

For the applicant, how many years have you lived in Virginia? \_\_\_\_\_ What is your present city or county of residence? \_\_\_\_\_  
Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate your type of VISA \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	ZIP Code
___/___	Present	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an X in appropriate boxes.)

- Yes No.....My parent(s) or legal guardian provides 50 % of my financial support.
- Yes No.....For at least one year prior to the term in which I will enroll at Richard Bland College, I have been employed.
- Yes No.....For at least one year prior to the term in which I will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.
- Yes No.....I am a registered voter in Virginia.
- Yes No.....I have a valid driver's license in the state of Virginia.
- Yes No.....I owned or operated a motor vehicle during the past year.

- Yes No.....I have filed taxes to another state. (Please indicate the state to which you paid taxes.) \_\_\_\_\_.
- Yes No.....I am a registered voter in another state. (Please give the name of that state.) \_\_\_\_\_.
- Yes No.....I do not have a valid Virginia driver's license. I have a driver's license from the state of \_\_\_\_\_.
- Yes No.....I did not own or operate a motor vehicle in this state, but I did have a motor vehicle registered in the state of \_\_\_\_\_.

### Military Service

- Yes No.....I am a member of the United States Armed Forces at the present time.
- Yes No.....My parent or spouse is presently a member of the United States Armed Forces.
- Yes No.....I have attached a copy of the most recent *Leave and Earnings Statement* from the person who is a member of the US Armed Forces.
- Yes No.....Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.
- Yes No.....My spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.
- Yes No.....I/my parent or legal guardian/my spouse have/has changed his/her state of legal residence to Virginia effective on this date \_\_\_\_\_.

**I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.**

Answer this question only if you live outside Virginia but work in Virginia:

I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

**I certify that the above statements are true and correct to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Richard Bland College Supplemental In-State Residency Form: SIDE B**  
**To be completed by the parent, legal guardian, or spouse (Head of Household) who provides 50% of financial support**  
**MUST BE COMPLETED IN INK**

Applicant's Legal Name: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Name of parent, legal guardian, or spouse: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How many years have you lived in Virginia? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate your type of VISA: \_\_\_\_\_

What is your present city or county of residence? \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	ZIP Code
___/___	Present	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

- Yes No.....I have claimed the applicant as a dependent on my federal and Virginia income taxes for the tax year prior to the term in which the applicant will enroll.
- Yes No.....I have provided more than 50 percent of the applicant's financial support for at least one year prior to the term in which the applicant will enroll.
- Yes No.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have been employed.

**OR**

- Yes No.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.
- Yes No.....I filed taxes to another state: \_\_\_\_\_
- Yes No.....I am disabled. Additional documentation may be requested.
- Yes No.....I am/was on public assistance. Additional documentation may be requested.
- Yes No.....Other (Please explain): \_\_\_\_\_

Yes No.....I have a valid Virginia driver's license.

Yes No.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have owned or operated a motor vehicle in Virginia.

**Military Service**

- Yes No.....I am an active duty member of the United States Armed Forces.
- Yes No.....My spouse is an active duty member of the United States Armed Forces.
- Yes No.....**A Leave and Earnings Statement is attached to this form, verifying that one of us is in the armed forces on active duty.**
- Yes No.....Virginia income taxes have been paid on all military income for one year prior to the term in which the applicant will enroll.
- Yes No.....If the military parent was not residing in Virginia, but the non-military parent resided in Virginia, was employed and earned income that equates to 50 weeks x 40 hours each week x current minimum wage, paid Virginia income taxes, and claimed the applicant as a dependent for federal and Virginia income tax, then check the box.

Please indicate the date you or your military spouse was stationed or established residence, in Virginia pursuant to military orders. Date: \_\_\_\_\_

**Please attach a copy of the military orders or other military-acknowledged documentation.**

If you or your spouse live outside Virginia but work in Virginia:

- Yes No.....I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which the applicant will enroll.
- Yes No.....If the answer to the above question is yes, will the parent, legal guardian, or spouse employed in Virginia have claimed the applicant as a dependent for federal and Virginia income taxes for at least one year prior to the term in which the applicant will enroll?

**I certify that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Parent, Legal Guardian, or Spouse**

\_\_\_\_\_  
**Date**

**THE PARENT /LEGAL GUARDIAN/SPOUSE WHO PROVIDES MORE THAN 50% OF FINANCIAL SUPPORT FOR THE APPLICANT MUST SIGN THIS DOCUMENT.**

