

FORM 5 - Lewis Clark State College Residency Form

The Lane Community College Dental Hygiene Program clinical site at Lewis-Clark State College has been funded by a DOLETA Community Based Job Training Grant to meet the need for dental hygiene professionals in the rural northern Idaho region. Students qualifying for in-state tuition at LCSC and from Asotin County will receive 3 preference points. Oregon and Washington applicants from rural counties within 150 miles of Lewiston will qualify for 2 preference points. All others applicants will be accepted without residency preference points in the admission process.

Preference Points:

3 points: Rural northern Idaho Counties and Asotin County in Washington

2 points: Rural community within 150 mile radius of Lewiston, Idaho

Eligible counties in Northern Idaho and Washington--3 points

Asotin Bonner Benewah Clearwater	Boundary Idaho Kootenai Latah	Lewis Nez Perce Shoshone
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Please certify you are a resident of one of the above Idaho or Washington counties and the county in which you reside. Submit this completed form with your application to the dental hygiene program.

Applicants within the 150 mile radius of Lewiston, Idaho not residing in the counties listed above will receive two points in the admission process. Certify your county of residence using the criteria below.

Applicants outside the areas qualifying for points may apply and must complete the residency form and submit with the application.

Provide Proof of Residency from the following sources:

1. Driver's License or State Identification Card
and
2. Show two pieces of mail with your name, address and date (statements from utility, cable, credit cards, etc.)
1st piece of mail must be dated prior to **May 22, 2015**
2nd piece of mail must have a current date with your current address
and/or
3. Other official documentation identifying county of residence:
 1. tax records identifying you as a dependent of an eligible county resident
 2. tax or property recordsand
4. LCSC Director of Admission/Registrar signature and college seal verifying your county of residence

Complete the following Official Certification:

Name: _____

Address: _____

Phone: _____

County of Residence: _____ State: _____

The information listed above for this applicant is true according to records at LCSC.

LCSC Director of Admission/Registrar

College Seal

Signature: _____

Date: _____