

Equity in Athletics 2015

Institution Information

Institution: Barton County Community College (154697)

User ID: E1546971

Registration

•Required fields are indicated with asterisks (*).

Barton County Community College (154697)	
First Name*	<input type="text" value="Caicey"/>
Last Name*	<input type="text" value="Crutcher"/>
Title*	<input type="text" value="Coordinator of Instructional Research"/>
Address 1*	<input type="text" value="245 NE 30th Road"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Great Bend"/>
State*	<input type="text" value="KS"/>
Zip*	<input type="text" value="67530"/> - <input type="text"/>
Phone*	<input type="text" value="620"/> - <input type="text" value="792"/> - <input type="text" value="9386"/>
Extension	<input type="text"/>
Fax	<input type="text"/> - <input type="text"/> - <input type="text"/>
E-mail Address*	<input type="text" value="crutcherc@bartonccc.edu"/>
Confirm E-mail Address*	<input type="text"/>
Comment	<p>* Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.</p> <input type="text"/>

Identification

***Please enter/review all applicable information. Required fields are indicated with asterisks (*).**

General Information	
Institution Name	Barton County Community College
Address 1*	245 NE 30th Road
Address 2	
City*	Great Bend
State*	KS
ZIP Code*	67530 - <input type="text"/>
Telephone*	620 - 792 - 2701 Ext. <input type="text"/>

Athletic Department	
Athletic Director Name*	Trevor Rolfs
Address 1*	245 NE 30 Road
Address 2	
City*	Great Bend
State*	KS
ZIP Code*	67530 - <input type="text"/>
Telephone*	620 - 792 - 9378 Ext. <input type="text"/>

Chief Administrative Officer	
Chief Administrative Officer's Name*	Carl Heilman
Title*	President
Telephone*	620 - 792 - 2701 Ext. <input type="text"/>
Fax	620 - 792 - 5624
E-mail Address*	heilmanc@bartonccc.edu

EADA General

Designated Reporting Year*
Note: The reporting period must be 12 months. The dates for the reporting year should be consistent from year to year.

Begins: (MM/DD) /2014 **Ends:** (MM/DD) /2015

Number of full-time undergraduates by gender: The numbers below were reported on your institution's 2014-15 IPEDS Survey and should not be changed unless they were reported incorrectly to IPEDS. If the numbers are incorrect, please call the EADA Help Desk to correct them.

	Number	Percent
Male full-time undergraduates	691	40 %
Female full-time undergraduates	1020	60 %
Total full-time undergraduates	1711	100 %

Athletic Sanctioning Body for the designated reporting year (select one):*

- NCAA Division I-A
- NCAA Division I-AA
- NCAA Division I-AAA
- NCAA Division II (with football)
- NCAA Division II (without football)
- NCAA Division III (with football)
- NCAA Division III (without football)
- Other
- NAIA Division I
- NAIA Division II
- NAIA Division III
- NJCAA Division I
- NJCAA Division II
- NJCAA Division III
- NCCAA Division I
- NCCAA Division II

Other Description:

Update Status

Date Completed 9/22/2015
Update Status Updated