

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



SFCC/IEL Application for Admission 2008-2009

Admissions Office MS 3011
Spokane Falls Community College
3410 W Fort George Wright Dr
Spokane WA 99224-5288
www.spokanefalls.edu

Admissions Office MS 3090
Institute for Extended Learning
3305 W Fort George Wright Dr
Spokane WA 99224-5228
www.iel.spokane.edu

PLEASE TYPE OR PRINT WITH A BALLPOINT PEN (BLUE OR BLACK INK ONLY).

Directions: Answer all questions (pages 1-4), sign and return.

APPLICATION FEE

A \$15 non-refundable application fee is required if you have not previously earned credits or paid an application fee at either SCC or SFCC.
Mail in applicants only: enclose a check or money order.

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SOCIAL SECURITY NUMBER

8	2									
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STUDENT IDENTIFICATION NUMBER (if applicable)

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Lifetime Learning tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure. If you refuse to provide your SSN, please write "REFUSED" in the SSN boxes to the left. Contact the CCS Business Office at 509-434-5275 with questions.

Which location do you plan to attend?

- SFCC **IEL:** Spokane (02) Colville (04) Inchelium (07) Pullman (10)
 Fairchild (03) Newport (05) Republic (08) Lone (11)

What year and quarter do you plan to begin?

- Year _____ Summer (June-Aug.) Fall (Sept.-Dec.) Winter (Jan.-March) Spring (April-June)

Last name (legal)		First name (legal)		M.I.	Previous last name(s)	
Street address			Apt. no.		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing address (if different from street address)			Apt. no.		Birth date (Mo/Dy/Yr)	
City			State		ZIP	
					Day telephone ()	
					Evening telephone ()	

WHAT RACE/ETHNICITY DO YOU CONSIDER YOURSELF TO BE? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> African American (872) | <input type="checkbox"/> Japanese (611) | <input type="checkbox"/> Other Asian (621) |
| <input type="checkbox"/> Alaskan Native (015) | <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Other Pacific Islander (681) |
| <input type="checkbox"/> American Indian (597) | <input type="checkbox"/> Native Hawaiian (653) | <input type="checkbox"/> Other race (799) (please specify) |
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Vietnamese (619) | _____ |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> White (800) | |

Are you of Spanish/Hispanic/Latino ethnicity?

- No (999) Yes: Cuban (709)
 Yes: Mexican, Mexican American, Chicano (722) Yes: Other Spanish/Hispanic/Latino (717)
 Yes: Puerto Rican (727) (please specify) _____

SHADED AREAS FOR OFFICE USE ONLY

<input type="checkbox"/> \$15 application fee required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check/M.O. <input type="checkbox"/> C.C. Amount Rec'd. \$ _____	<input type="checkbox"/> No money remitted <i>(initiate cashing application fee charge)</i> Initials _____	DATE RECEIVED		RES. CODE	FEE STATUS
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CITIZENSHIP

Are you a U.S. citizen? Yes No If not a U.S. citizen, country of citizenship? _____

If not U.S. citizen, what is your visa status?

- Temporary resident (Alien number _____) Attach copy of both sides of alien card.
- Immigrant/permanent resident (Alien number _____) Attach copy of both sides of alien card.
- Refugee/parolee or conditional entrant (Alien number _____) Attach copy of both sides of I-94 card.
- Visitor
- International student (with F or M visa)
For International Student Admission Application, go to www.spokanefalls.edu/Programs/InternationalStudents, or call 509-533-3242.
- Other (explain) _____

WASHINGTON STATE RESIDENCY STATUS

1. a. Have you lived in Washington as a legal resident continuously for the last 12 months?
(Definition: A **legal resident** does not possess a valid out-of-state driver's license, vehicle registration or other documents that give evidence of being a legal resident in another state.) Yes No
- b. How long have you lived continuously in the state of Washington? _____ Years _____ Months
2. a. For the last calendar year, did your mother, father or legal guardian claim you as a dependent on their federal income tax return? Yes No
- b. For the current calendar year, will your mother, father or legal guardian claim you as a dependent on their federal income tax return? Yes No
- c. If YES, how long has your mother, father or legal guardian lived continuously in the state of Washington? _____ Years _____ Months
3. Will you be attending this college with financial assistance received from a public or private non-federal agency outside the state of Washington where your eligibility for this assistance is based on being a resident of that state? (e.g., Alaska student loan) Yes No
4. a. Are you active duty military stationed in Washington or the spouse or dependent of an active duty military member? Yes No
- b. If YES, please submit a copy of your Military ID and Permanent Change of Station (PCS) orders.
5. a. Are you a Washington National Guard member or the spouse or dependent of a Washington National Guard member? Yes No
- b. If YES, submit a copy of your Military ID.

Effective July 1, 2003, Washington state law changed the definition of "resident student." The law makes certain students, who are not permanent residents or citizens of the United States, eligible for resident student status—and eligible to pay resident tuition rates—when they attend public colleges and universities in this state. **The law does not make these students eligible to receive need-based state or federal financial aid.** To qualify for resident status, students must complete an affidavit/declaration/certification if they are not permanent residents or citizens of the United States but have met one of the following conditions:

Condition One: (a.) Resided in Washington state for three years immediately prior to receiving a high school diploma, and (b.) Completed the full senior year at a Washington high school, and (c.) Continuously resided in the state since earning the high school diploma.

Condition Two: (a.) Completed the equivalent of a high school diploma, and (b.) Resided in Washington state for the three years immediately before receiving the equivalent of the diploma, and (c.) Continuously resided in the state since earning the equivalent of a high school diploma.

NOTE: If you meet one of the above conditions and would like to pay resident tuition rates, contact the college(s) you are applying to attend and request a copy of the 1079 residency form.

VETERANS INFORMATION

Are you a veteran? Yes No

PREVIOUS EDUCATION AND RUNNING START

Official copies of college transcripts and test scores (COMPASS or ASSET) should be sent to the Admissions Office. Official transcripts from other accredited colleges may be necessary for general advising purposes to verify math and English skills, completion of prerequisite courses, or to document credits to be used toward graduation.

Name of last high school attended	City and state	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes: Year _____ <input type="checkbox"/> No: Highest grade level _____	H.S. Code
Are you applying to participate in Running Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the year you plan to graduate from high school: _____				
Have you successfully completed the GED test (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you earn your GED? School or organization name:		If yes, date earned: Month _____ Year _____	Code
Previous college, vocational or technical school attended	City and state	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes: Year _____ <input type="checkbox"/> No	Code
Previous college, vocational or technical school attended	City and state	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes: Year _____ <input type="checkbox"/> No	Code
Previous college, vocational or technical school attended	City and state	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes: Year _____ <input type="checkbox"/> No	Code

EDUCATIONAL GOALS AT SPOKANE FALLS COMMUNITY COLLEGE / IEL

There are **four** numbered boxes located below and on the following page. Please review **each box** and choose the **ONE** that best matches your educational goals. Once you have made your selection, respond to the questions and/or instructions within the box you have chosen.

I am applying to Spokane Falls Community College and intend to:

BOX 1 ENROLL IN A LIBERAL ARTS/TRANSFER PROGRAM.

Please review the list below and check the program to which you are applying (select just one).

- | | |
|--|---|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Associate in Elementary Education (EDTA) |
| <input type="checkbox"/> Associate of Science, Life Sciences (AS01) | <input type="checkbox"/> Associate in Math Education (MDTA) |
| <input type="checkbox"/> Associate of Science, Engineering (AS02) | <input type="checkbox"/> Associate in Biology Education (ASBE) |
| <input type="checkbox"/> Associate of Science, Physical Sciences (AS02) | <input type="checkbox"/> Associate in Chemistry Education (ASCE) |
| <input type="checkbox"/> Associate in Business (BDTA) | <input type="checkbox"/> Associate in Physics Education (ASPE) |
| <input type="checkbox"/> Associate in Pre-Nursing (PREN) | <input type="checkbox"/> Associate in General Science Education (ASGE) |
| <input type="checkbox"/> Associate of Fine Arts (100) | <input type="checkbox"/> _____ |

Now that you have selected your program, please review the three options listed directly below and check the **one** that applies to you.

- I plan to earn an associate degree and transfer to a four-year school. **B**

The four-year school to which I plan to transfer is: _____

I plan to major in: **Math** (Yes No) **Science** (Yes No) Other: _____

- I **do not** plan to earn an associate degree, but I do plan to earn credits I will transfer to a four-year school. **B**

The four-year school to which I plan to transfer is: _____

I plan to major in: **Math** (Yes No) **Science** (Yes No) Other: _____

- I plan to earn an associate degree but **do not** plan to transfer to a four-year school. **A**

OR (next page)

BOX 2 ENROLL IN A CAREER/TECHNICAL EDUCATION PROGRAM.

Please review the list below and check the SFCC program to which you are applying (select just one).

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative/Computer Spec (547) | <input type="checkbox"/> Graphic Design (727) | <input type="checkbox"/> Library Technician (535) |
| <input type="checkbox"/> Administrative Secretary (559) | <input type="checkbox"/> Health/Fitness Technician (351) | <input type="checkbox"/> Management (245) |
| <input type="checkbox"/> Audio Technology (212) | <input type="checkbox"/> Hearing Instrument Specialist (687) | <input type="checkbox"/> Marketing (245N) |
| <input type="checkbox"/> Business, General (502) | <input type="checkbox"/> I-BEST (990) | <input type="checkbox"/> Networking (527A) |
| <input type="checkbox"/> Business and Software Appl (547A) | <input type="checkbox"/> Information Processing (566) | <input type="checkbox"/> Office Assistant (559A) |
| <input type="checkbox"/> Chem Dependency Prof Studies (437) | <input type="checkbox"/> IT-Forensics/Security Emphasis (506) | <input type="checkbox"/> Orthotic/Prosthetic Technician (348) |
| <input type="checkbox"/> Computer Forensics/Ntwk Sec (506A) | <input type="checkbox"/> IT-General Development Emphasis (509) | <input type="checkbox"/> Photography (739) |
| <input type="checkbox"/> Computer and Network Support (608A) | <input type="checkbox"/> IT-Transfer Emphasis (509N) | <input type="checkbox"/> Physical Therapist Assistant (345) |
| <input type="checkbox"/> Computing/Software Apps (518A) | <input type="checkbox"/> IT-Web Development Emphasis (524O) | <input type="checkbox"/> Retail Management (298) |
| <input type="checkbox"/> Credit and Financial Management (267) | <input type="checkbox"/> Interior Design (734) | <input type="checkbox"/> Small Business Management (257) |
| <input type="checkbox"/> Early Childhood Education (402) | <input type="checkbox"/> Interior Design – Prof Diploma (734N) | <input type="checkbox"/> Social Services (434) |
| <input type="checkbox"/> Education Paraprofessional (839) | <input type="checkbox"/> International Business (249A) | <input type="checkbox"/> Transportation and Logistics Mgt (293) |
| <input type="checkbox"/> Fashion Merchandising (210) | <input type="checkbox"/> Internet (524A) | <input type="checkbox"/> Web Design (524N) |
| <input type="checkbox"/> Gerontology Paraprofessional (336) | <input type="checkbox"/> Interpreter Training/Deafness (408) | <input type="checkbox"/> _____ |

Now that you have selected your program, please review the two options listed directly below and check the **one** that applies to you.

- I plan to earn a **two-year associate degree** (A.A.S.) in the program I have chosen. **F**
- I plan to earn a **certificate** in the program I have chosen. **F**

OR

BOX 3 ENROLL IN PREREQUISITE COURSES THAT WILL LEAD TO A PROFESSIONAL/TECHNICAL PROGRAM AT SPOKANE COMMUNITY COLLEGE (SCC). M

Please review the list below and check the SCC program to which you will apply (select just one).

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting Assistant (50C) | <input type="checkbox"/> Health Unit Coordinator (53C) | <input type="checkbox"/> Pharmacy Technician (39C) |
| <input type="checkbox"/> Associate Degree Nursing (32C) | <input type="checkbox"/> Invasive Cardio Technology (37E) | <input type="checkbox"/> Practical Nursing (32DA) |
| <input type="checkbox"/> Dental Assisting (30D) | <input type="checkbox"/> Medical Assistant (38C) | <input type="checkbox"/> Radiology Technology (35D) |
| <input type="checkbox"/> Emergency Medical Tech (36C) | <input type="checkbox"/> Noninvasive Cardio Tech (37F) | <input type="checkbox"/> Respiratory Care (37C) |
| <input type="checkbox"/> Health Info Technology (52C) | <input type="checkbox"/> Ophthalmic Dispensing (36EA) | <input type="checkbox"/> Surgical Technology (33C) |
| <input type="checkbox"/> Health Record Clerk (52CN) | <input type="checkbox"/> Outpatient Medical Coder (31DA) | <input type="checkbox"/> Vision Care Technology (36D) |

OR

BOX 4 ENROLL FOR PERSONAL ENRICHMENT OR TO UPGRADE MY JOB SKILLS.

Please review the two options listed directly below, and check the **one** that applies to you.

- I plan to take classes to upgrade my job skills but do not plan to earn a degree or certificate.
Students selecting this option are not able to receive financial aid. **J**
- I plan to take classes for my own personal enrichment.
Students selecting this option are not able to receive financial aid. **L**

Has either of your parents earned a bachelor's (four-year) degree? Yes No (1G) I do not know.

Please check this box if you have been in Washington state foster care for at least one year since your 16th birthday. (F\$)

E-mail address: _____

APPLICANT'S SIGNATURE

I certify that my responses on this form are true.

Required applicant's signature _____

REQUIRED

Date _____

Community Colleges of Spokane shares educational records within the district.

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities or employment.