



Spokane Community College APPLICATION FOR ADMISSION

Spokane Community College
Admissions Office MS 2151
1810 N Greene St
Spokane WA 99217-5399
www.scc.spokane.edu

PLEASE TYPE OR PRINT WITH A BALL POINT PEN
(BLUE/BLACK INK ONLY).

SHADED AREAS FOR OFFICE USE ONLY

APPLICATION FEE CHECK OR MONEY ORDER ONLY

Enclose a \$15 nonrefundable application fee if you have never attended credit classes or if you have never paid an application fee at either SCC or SFCC.

____ - ____ - _____

SOCIAL SECURITY NUMBER

8 2 _____

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/Life Time 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 above. Contact the CCS Business office at (509)434-5275 with questions.

What year and quarter do you plan to begin?

- Year _____ Summer (June-August) Fall (September-December)
 Winter (January-March) Spring (April-June)

Indicate if you have previously attended any of the following institutions and the last year you attended:

- SCC SFCC IEL Year _____

Response or non-response to any areas below listed as voluntary will not affect your consideration for admission.

Last name (Legal)	First name (Legal)	M.I.	Previous last name(s)	
Mailing address (if using a PO Box, include street address)			Apt. no.	Day telephone ()
City	State	ZIP	Evening telephone ()	
E-mail address			Gender (voluntary) <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date (Mo/Dy/Yr)

WHAT RACE DO YOU CONSIDER YOURSELF TO BE? Check all that apply. (Providing this information is voluntary.)

- | | | |
|---|--|--|
| <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/Caucasian (800) | |

Are you of Spanish/Hispanic/Latino ethnicity? (Providing this information is voluntary.)

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

Has either of your parents earned a bachelor's (four-year) degree? Yes (2G) 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.

<input type="checkbox"/> \$15 application fee required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. Amount Rec'd. \$ _____	<input type="checkbox"/> No money remitted (initiate cashiering application fee charge) Initials _____	PROGRAM CODE	ADM PRG CODE	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 No. _____) Attach copy of both sides of alien card.
- Immigrant/permanent resident (Alien No. _____) Attach copy of both sides of alien card.
- Refugee/parolee or conditional entrant (Alien No. _____) Attach copy of both sides of I-94 card.
- Visitor
- International student (with F or M visa)
- Other (explain) _____

WASHINGTON STATE RESIDENCY STATUS

1. a. Have you continuously lived in Washington as a legal resident for the last 12 months?
(Note: If you possess a valid out-of-state driver's license, vehicle registration or other document demonstrating your residency in another state, you will not qualify for residency status.) Yes No
- b. If you answered "no" to question 1a, how long have you lived continuously in Washington state? _____ Months
2. a. For the **last** calendar year, did your mother, father or legal guardian claim you as a dependent on his/her 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 his/her federal income tax return? Yes No
- c. If you answered "yes" to either question 2a or 2b, has your mother, father or legal guardian continuously lived in Washington as a legal resident for the last 12 months? Yes No
3. Will you attend SCC using financial aid from a public or private, non-federal agency in a state **other than** Washington? (for example, an Alaska student loan) **Note:** Answer "yes" **only** if you are eligible for this financial aid because you are a resident in another state. Yes No
4. Are you **active duty military** stationed in Washington or the spouse or dependent of an active duty military member? Yes No
5. Are you a **Washington National Guard** member or the spouse or dependent of a Washington National Guard member? Yes No

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.) Complete 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.

PREVIOUS EDUCATION AND RUNNING START

Official copies of college transcripts or test scores 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 completed _____	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? <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

VETERANS INFORMATION

NOTICE: Veterans may qualify for educational benefits. Please check the box if you are a **military veteran** or a **Guard/Reservist who has been deployed**: **H**

EDUCATIONAL GOALS AT SPOKANE COMMUNITY COLLEGE

- I INTEND TO (choose one):** Earn a **career/technical** degree or certificate: **go to OPTION 1**
- Earn a **Liberal Arts** transfer degree and transfer: **go to OPTION 2** on next page
- Take courses for **personal enrichment** only: **go to OPTION 3** on next page
- Determine my educational goals later: **go to OPTION 4** on next page

OPTION 1

FOR CAREER/TECHNICAL DEGREE SEEKERS ONLY

Please check the box next to your intended program of study.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting Assistant (505) | <input type="checkbox"/> Culinary Arts (850) | <input type="checkbox"/> Line Construction (934) |
| <input type="checkbox"/> Accounting Clerk (505B) | <input type="checkbox"/> Customer Service Representative (297) | <input type="checkbox"/> Management (245) |
| <input type="checkbox"/> Administrative Assistant (548) | <input type="checkbox"/> Dental Assisting (305) | <input type="checkbox"/> Marketing (245A) |
| <input type="checkbox"/> Administrative Office Management (548E) | <input type="checkbox"/> Diagnostic Medical Sonography (393S) | <input type="checkbox"/> Massage Therapy (837) |
| <input type="checkbox"/> Agriculture Business (110) | <input type="checkbox"/> Diesel/Heavy Duty Equipment (775) | <input type="checkbox"/> Mechanical Engineering Technology (642) |
| <input type="checkbox"/> Small Equipment Repair Specialist (856B) | <input type="checkbox"/> Electrical Maintenance and Automation (633) | <input type="checkbox"/> Medical Assistant (381) |
| <input type="checkbox"/> Spray Technician (110B) | <input type="checkbox"/> Electrical Trainee (784) | <input type="checkbox"/> Medical Office Billing and Coding Specialist (313L) |
| <input type="checkbox"/> Architectural Technology (606) | <input type="checkbox"/> Electrical Sales (784B) | <input type="checkbox"/> Medical Office Receptionist (312C) |
| <input type="checkbox"/> Automotive Collision and Refinishing Technician (709) | <input type="checkbox"/> Electronics Engineering Technician (630) | <input type="checkbox"/> Medical Office Specialist (565) |
| <input type="checkbox"/> Automotive High Perf Street Rod (709C) | <input type="checkbox"/> Emergency Medical Technician (Basic) (363C) | <input type="checkbox"/> Medical Transcription (574) |
| <input type="checkbox"/> Automotive Machinist (713) | <input type="checkbox"/> Emergency Medical Technician (Paramedic) (363) | <input type="checkbox"/> Multi-Occupational Trades (990) |
| <input type="checkbox"/> Automotive Technology (712) | <input type="checkbox"/> Expanded Function Dental Auxillary (305E) | <input type="checkbox"/> Natural Resource Management (675) |
| <input type="checkbox"/> Automotive Toyota T-Ten (717) | <input type="checkbox"/> Fire Officer (829) | <input type="checkbox"/> Parks and Recreation (169) |
| <input type="checkbox"/> Aviation Maintenance (718) | <input type="checkbox"/> Fire Science Technology (828) | <input type="checkbox"/> Soils (171) |
| <input type="checkbox"/> Baking: Professional Pastries and Specialty Cakes (847C) | <input type="checkbox"/> Front Office Professional (553) | <input type="checkbox"/> Wildlife/Fisheries (185) |
| <input type="checkbox"/> Biomedical Equipment Technician (654) | <input type="checkbox"/> Health Information Technology (529) | <input type="checkbox"/> Network Design and Administration (534) |
| <input type="checkbox"/> Biotechnology (678) | <input type="checkbox"/> Health Record Clerk (529A) | <input type="checkbox"/> Nursing (323) |
| <input type="checkbox"/> Business Occupations (502B) | <input type="checkbox"/> Health Unit Coordinator (532) | <input type="checkbox"/> Office Assistant (559B) |
| <input type="checkbox"/> Business, General (502) | <input type="checkbox"/> Heating, Ventilation, Air Conditioning and Refrigeration (703) | <input type="checkbox"/> Office Clerk (559E) |
| <input type="checkbox"/> Cabinetry, Basic and Advanced (745C, D) | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Office Information Systems (548F) |
| <input type="checkbox"/> Cardiovascular Technology | <input type="checkbox"/> Florist (140) | <input type="checkbox"/> Office Software Specialist (514B) |
| <input type="checkbox"/> Invasive (374) | <input type="checkbox"/> Landscape-Turf (160) | <input type="checkbox"/> Outpatient Medical Coder (313C) |
| <input type="checkbox"/> Noninvasive (376) | <input type="checkbox"/> Greenhouse Nursery (145) | <input type="checkbox"/> Paralegal (586) |
| <input type="checkbox"/> Carpentry and Cabinetry (745) | <input type="checkbox"/> Hotel and Restaurant Management (269) | <input type="checkbox"/> Pharmacy Technician (399) |
| <input type="checkbox"/> Certified Professional Secretary (548A) (Credit by Nontraditional Means) | <input type="checkbox"/> Hydraulic and Pneumatic Automation Technology (751) | <input type="checkbox"/> Professional Truck Driver Training (715) |
| <input type="checkbox"/> Chiropractic Assistant (312B) | <input type="checkbox"/> I-BEST (990) | <input type="checkbox"/> Radiology Technology (358) |
| <input type="checkbox"/> Civil Engineering Technology (612) | <input type="checkbox"/> Integrated Business and Entrepreneurship (502E) | <input type="checkbox"/> Respiratory Care (378) |
| <input type="checkbox"/> CNC Machinist/Technology (808A) | <input type="checkbox"/> Legal Administration (586A) | <input type="checkbox"/> Satellite Security and Home Entertainment Systems Installer (651) |
| <input type="checkbox"/> CAD – Computer Aided Design and Drafting (602) | <input type="checkbox"/> Legal Administrative Assistant (577) | <input type="checkbox"/> Software Development (524) |
| <input type="checkbox"/> Corrections (838) | <input type="checkbox"/> Legal Information Processing (577D) | <input type="checkbox"/> Surgical Technology (332) |
| <input type="checkbox"/> Cosmetology (823) | <input type="checkbox"/> Legal Nurse (586C) | <input type="checkbox"/> Telecommunications Officer (536) |
| <input type="checkbox"/> Esthetician (822) | <input type="checkbox"/> Legal Receptionist (577C) | <input type="checkbox"/> Vascular Technology (393V) |
| <input type="checkbox"/> Manicurist (821) | | <input type="checkbox"/> Vision Care Specialist (360B) |
| <input type="checkbox"/> Cosmetology Cadet Instructor (280) | | <input type="checkbox"/> Vision Care Technology (360) |
| <input type="checkbox"/> Criminal Justice (841) | | <input type="checkbox"/> Water Resources (190) |
| | | <input type="checkbox"/> Welding and Fabrication (814) |
| | | <input type="checkbox"/> Other Program_____ |

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

- 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 (see next page)

OPTION 2**FOR LIBERAL ARTS TRANSFER DEGREE SEEKERS ONLY**

Please check the box next to the degree program in which you intend to enroll.

- Associate of Arts, Direct Transfer Agreement (A.A.)
 Associate in Elementary Education (A.E.E.)
 Associate in Business (A.B.)
 Associate of Science-T (A.S.-T)
 Undecided

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 (A.A., A.B., A.E.E., or A.S.-T) 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 the associate degree but **do not** plan to transfer to a four-year school. **A**

OR**OPTION 3****FOR PERSONAL ENRICHMENT COURSE SEEKERS ONLY**

Please check the box next to the statement 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**

OR**OPTION 4****FOR STUDENTS WHO ARE UNDECIDED ONLY**

- If you have not decided or are unsure about what you wish to study at SCC, please check this box. **A UDUD**

Spokane Community College has a variety of services to help you plot your educational course and achieve success in accomplishing your goals. If you would like to learn more about the options available to you at SCC, please contact our **Counseling Center** at 509-533-7026, locally, or 1-800-248-5644, ext. 7026 if you are calling from outside the Spokane area.

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.

Spokane Community College does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, gender, marital status, disability, or status as a disabled or Vietnam era veteran.