

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.



CCS Foundation/Institute for Extended Learning

REQUEST FOR STEP UP FOR CURRENT OR RECENT GED GRADUATES

PLEASE PRINT

SID number _____ Social Security number _____

Last name _____ First name _____ MI _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell phone _____ Message phone _____

1. Have you completed your GED at the IEL? Yes No Date received _____
2. Are you currently enrolled in College Prep at the IEL? Yes No Estimated completion date _____
3. Have you applied for admissions with SCC or SFCC? SCC SFCC
4. Program of study _____
5. Have you applied for financial aid with either SCC or SFCC? No SCC SFCC

If you have completed the five requirements above, you may be eligible for a scholarship to pay your application for admission and ASSET/COMPASS test fees (\$35.00).

REQUIRED SIGNATURE FOR STUDENTS

1. I hereby authorize my employer, my DSHS case manager/child care coordinator, Employment Security Department, Division of Child Support and Community Colleges of Spokane to release and exchange information from my records for the purpose of determining eligibility for funding and facilitating my enrollment and participation.
2. I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington state law, (RCW 74.08.555).

Student's signature Date

Intake person _____ Phone _____ Date _____
PLEASE PRINT

RETURN REQUEST TO STUDENT FINANCIAL SERVICES AT MS 3090

FOR OFFICIAL USE

QUARTER Summer Fall Winter Spring YEAR _____ Amount authorized

\$15 application for admission fee: SCC SFCC \$ _____

\$20 ASSET/COMPASS test fee \$ _____

Total \$ _____

Approved by _____ Date _____

Institute for Extended Learning Student Financial Services