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| Community Colleges of Spokane Logo | | | | | | **QUICK ADMIT APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY**  Date Received: | | | | | | | | | |
|  | | | | | | | | | | | | *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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number (###-##-####)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **CCS Student IdentificAtion** (if applicable) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wha****t year and quarter do you plan to attend?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | |  | | Summer (July – Aug.) | | | | | | | | Fall (Sept.-Dec.) | | | | | | Winter (Jan.-March) | | | | | | | | | | | | | | Spring (April-June) | | | | | | | |
| **Which location do you plan to attend?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **SFCC:** | | | | Fairchild | | | | | **SCC:** | | Colville | | | | | | | Newport | | | | | | | | | | Spokane | | | | | | |  | | | |
|  |  | | | | Pullman | | | | |  | | Inchelium | | | | | | | Republic | | | | | | | | | | Online | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | **Apt. no.** | | | | | | **Day telephone** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| **City** | | | | | | | **State** | | | | | | | | | | | | | **ZIP** | | | | | | **Evening telephone** | | | | | | | | | | | | | |
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| **E-mail address** | | | | | | | | | | | | | | | | | | | | | | | | | | **Birth date** (mm/dd/yyyy) | | | | | | | **Gender** (voluntary) | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | /    / | | | | | | | Female  Male | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has either of your parents earned a bachelor’s (four-year) degree?  Yes  No  Don’t know** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please select this check box if you have been in Washington State foster care for at least one year since your 16th birthday.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ETHNICITY AND RACE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you of Spanish/Hispanic/Latino ethnicity? (Providing this information is voluntary.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | Yes: Cuban | | | | | | | | | | | | | | | | | | | | | | |
| Yes: Mexican, Mexican American, Chicanx | | | | | | | | | | | | | | | | | Yes: Other Spanish/Hispanic/Latinx | | | | | | | | | | | | | | | | | | | | | | |
| Yes: Puerto Rican | | | | | | | | | | | | | | | | | (please specify) | | | | | | | | |  | | | | | | | | | | | | | |
| **Which race do you consider yourself to be? Choose one or more. (Providing this information is voluntary.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| African-American | | | | | | | | | Japanese | | | | | | | | Other Asian | | | | | | | | | | | | | | | | | | | | | | |
| Alaskan Native | | | | | | | | | Korean | | | | | | | | Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | |
| American Indian | | | | | | | | | Native Hawaiian | | | | | | | | Other race (please specify below) | | | | | | | | | | | | | | | | | | | | | | |
| Chinese | | | | | | | | | Vietnamese | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Filipinx | | | | | | | | | White/Caucasian | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **CITIZENSHIP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | |  | | | | |  | | | | | | | | Visitor | | | | | | | | | | | | | | | |
| Immigrant/Permanent resident: Alien no. | | | | | | | | | | | |  | | | | | | | | |  | | | International student (with F or M visa) | | | | | | | | | | | | | | | |
| Refugee/Parolee or Conditional Entrant: Alien no. | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  |
| Other | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **WASHINGTON STATE RESIDENCY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responses to this section will not affect your consideration for admission, however; you may be requested to submit supporting documentation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been a legal resident\* of Washington and lived continuously in Washington for the last 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If no, how long have you lived continuously in the state of Washington? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Months | | |
| 1. Were you claimed for federal income tax purposes by your mother, your father, or your legal guardian in the *current* calendar year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| In the *past* calendar year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If YES, has your mother, father, or legal guardian lived *continuously* in the State of Washington for the past 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| 1. Will a public or private non-federal agency/institution outside the state of Washington provide you with financial assistance to attend college (for example, an Alaskan student loan)? (**NOTE**: Answer **yes** only if your eligibility for this assistance is based on being a resident of that state.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| 1. Are you active duty military stationed in Washington or a member of the Washington National Guard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Are you the spouse or dependent of either (a) an active duty military person stationed in Washington, or (b) a member of the Washington National Guard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Washington Senate Bill 5194 passed in 2021. It allows students who are eligible to sign the [Washington State Higher Education Residency Affidavit](https://wsac.wa.gov/sites/default/files/Residency.Affidavit.pdf) to pay in-state (resident) tuition and fees at public institutions RCW 28B.15.012(2)(e). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Name** | | | | | | | | | **City/St** | | | | | | | | | **From:** Year (YY) | | | **To:**  Year (YY) | | | | | | **Graduate?** | | | | | | | | |
| **Last High School Attended** | | | | |  | | | | | | | | |  | | | | | | | | |  | | |  | | | | | | Yes: Year | | | | | | |  | |
| No: Highest grade level completed | | | | | | |  | |
| Have you successfully completed the **GED** test?  Yes  No | | | | | | | | | | | | | | If yes, list institution name, location, and year earned: | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | **Name** | | | | | | | | | **City/St** | | | | | | | | | **From:** Year (YY) | | | **To:**  Year (YY) | | | | | | **Graduate?** | | | | | | | | |
| **Last college, vocational/technical school attended** | | | | |  | | | | | | | | |  | | | | | | | | |  | | |  | | | | | |  | | | | | | | | |
| **EDUCATIONAL GOALS – I INTEND TO (PLEASE CHOOSE ONE OPTION BELOW)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OPTION 1: Take courses for personal enrichment only – please select one  *(Students selecting these options are not able to receive financial aid)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take classes to upgrade my job skills but do not plan to earn a degree or certificate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take classes for my own personal enrichment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OPTION 2: Transfer credits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APPLICANT’S SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I certify that my responses on this form are true.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Required applicant’s signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | |
| Community Colleges of Spokane shares educational records within the district.  *Community Colleges of Spokane 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Return signed and completed form by e-mail or in person to the appropriate office listed below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spokane Community College** | | | | | | | | | | | | | |  | **Spokane Falls Community College** | | | | | | | | | | | | | | | | | | | | | | | | |
| Admissions Office Bldg 15  1810 N Greene St  Spokane WA 99217-5399 | | | | | | 509-533-8020  SCC.Admissions@scc.spokane.edu  www.scc.spokane.edu | | | | | | | |  | Admissions Office Bldg 17  3410 W Whistalks Way  Spokane WA 99224-5288 | | | | | | | | | | | | | 509-533-3500  SFCC.Admissions@sfcc.spokane.edu  www.spokanefalls.edu | | | | | | | | | | | |