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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 |
|  |
| **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** |
|       |       |       |       |
| **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). |
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| **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. |
|  |
| [ ]  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 151810 N Greene StSpokane WA 99217-5399 | 509-533-8020SCC.Admissions@scc.spokane.eduwww.scc.spokane.edu |  | Admissions Office Bldg 173410 W Whistalks WaySpokane WA 99224-5288 | 509-533-3500SFCC.Admissions@sfcc.spokane.eduwww.spokanefalls.edu |