



FOR OFFICE USE ONLY
Date Received: \_\_\_\_\_

SOCIAL SECURITY NUMBER (###-##-####)

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.

CCS STUDENT IDENTIFICATION (if applicable)

What 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.

Form with fields: 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 (mmdyyyyy), 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. [ ]

ETHNICITY AND RACE INFORMATION

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

[ ] No [ ] Yes: Cuban
[ ] Yes: Mexican, Mexican American, Chicax [ ] 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

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 \_\_\_\_\_

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. [ ]

## WASHINGTON STATE RESIDENCY INFORMATION

Responses to this section will not affect your consideration for admission, however; you may be requested to submit supporting documentation.

- 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
- 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
- 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
- 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](#) 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					<input type="checkbox"/> Yes: Year _____ <input type="checkbox"/> No: Highest grade level completed _____
Have you successfully completed the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

- 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

## 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	509-533-8020	Admissions Office Bldg 17	509-533-3500
1810 N Greene St	SCC.Admissions@scc.spokane.edu	3410 W Whistalks Way	SFCC.Admissions@sfcc.spokane.edu
Spokane WA 99217-5399	www.scc.spokane.edu	Spokane WA 99224-5288	www.spokanefalls.edu