OLYMPIC COLLEGE

1600 Chester Ave, Bremerton, WA 98337

Admissions Application

High school transcripts are NOT required for admission. An application fee is not charged.

It is the policy of Washington's community and technical colleges to provide equal opportunity in education regardless of race, ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, genetic information, gender identity, veteran status or the presence of any sensory, mental, or physical disability.

Last name | **First** | **Middle** | **Birthdate**

Mailing address: number and street or P.O. Box | **Apt #** | **Previous name(s)**

City, State, ZIP Code | **Mobile Phone** | **Home** | **Work**

Personal email | **Work email** *(optional)*:

Social Security Number* | **Gender** *(providing this information is voluntary)*

☐ **Female** ☐ **Male** ☐ **Not exclusively male or female** ☐ **Unknown**

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer ID Number (ITIN). We will use your SSN/ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We may also use this information 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 an IRS penalty of $50. Pursuant to state and federal law, the college will protect your SSN/ITIN from unauthorized use and/or disclosure.

Name of last high school attended OR ☐GED earned, year_____	City and State	Graduated? Yes ☐ Year_____ No, Highest grade completed _____
Name of last college, vocational/technical school attended	City and State	Graduated? Yes ☐ No ☐
Name of other college, vocational/technical school attended	City and State	Graduated? Yes ☐ No ☐

Ethnicity: *(Providing this information is voluntary. The information is used for statistical purposes only.)*

☐ **American Indian/Alaska Native** ☐ **Black/African American** ☐ **Hispanic/Latino**

☐ **Asian** ☐ **Native Hawaiian/Other Pacific Island**

☐ **White** ☐ **Other - please specify:** _____

Start term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Type: ☐ First Year ☐ Reapplying ☐ Running Start ☐ Transfer ☐ Transitional Studies ☐ Bachelor ☐ Col in HS

ctcLink ID

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature: _____ **Date**: _____

Please complete back of form

Program of Study:

Academic: ☐ Associate in Arts DTA ☐ Associate in Business ☐ Associate in General Studies ☐ Associate in Bio/Env/AS-T1
☐Associate in Pre-Nursing ☐ Associate of Science Bio/Chem (AS-T1) ☐ Associate of Science Engineering (AS-T2)

OR

Professional Technical: *Please choose one program below:*

☐ Accounting Technology ATA
☐ Cosmetology
☐ Culinary Arts / Chef Training
☐ Diagnostic Medical Sonography
☐ Early Childhood Education AAST
☐ Early Childhood Education ATA
☐ Engineering Technology-Manu Mach AAS
☐ Filmmaking AAST
☐ Human Services SUDP AAST
☐ IT Interactive Web Design AAST
☐ IT Networking AAS-T
☐ IT Security AAST
☐ IT Software Development AAST
☐ IT Support Specialist
☐ Leadership & Bus Mgmt AAS-T
☐ Marine Systems Technology
☐ Medical Assisting AAST
☐ Nursing Assistant (not FA eligible)
☐ Nursing/RN
☐ Nursing/LPN
☐ Physical Therapist Assistant
☐ Radiologic Technology AAS
☐ Substance Use Disorder Professional AAST
☐ Substance Use Disorder Professional ATA
☐ Surgical Technologist AAS
☐ Technical Design Engr Tec Technician APT
☐ Technical Design Drafting and Design APT
☐ Undeclared
☐ Welding Technology

☐ Certificate: _____

(A list of certificates offered at Olympic College is available on our website or upon request. A certificate must be a minimum of 24 Credits to be eligible for Financial Aid)

OR

Non-Award Seeking

☐ Non-degree—Job upgrade ☐ Non-degree—Other ☐ Non-degree—Parent Education ☐ Non-award NASCH

OR

Transitional Studies *(Developmental studies, below college level)*

☐ Adult Basic Education ☐ English as a Second Language ☐ High School 21+

OR

Bachelor Degrees:

☐ Behavioral Healthcare ☐ Computer Sci. ☐ Filmmaking ☐ Nursing ☐ Org Leadership & Tech Mgmt.

(Bachelor degree programs require a selective admissions application—found on each program's website.)

Residency: Please answer all questions.
Response or non-response to this section will not affect your consideration for admission.

☐ **Yes** ☐ **No** Have you lived in Washington State for the past 12 consecutive months?
If NO, how long have you lived continuously in Washington? _____ months
☐ **Yes** ☐ **No** Do you have a driver's license or state ID? **Your current license/ID was issued in which state?**_____
☐ **Yes** ☐ **No** Do you drive a registered vehicle? The current registration for this vehicle was issued in which state? _____
☐ **Yes** ☐ **No** Are you under the age of 24 years old?
☐ **Yes** ☐ **No** Were you claimed for federal income tax purposes by a parent or legal guardian in the current/past calendar year?
☐ **Yes** ☐ **No** If **YES,** has your mother, father or legal guardian lived <u>continuously</u> in Washington for the past 12 months?
☐ **Yes** ☐ **No** Are you receiving financial assistance from another state?
☐ **Yes** ☐ **No** Are you an active duty member of the US Armed Forces or Washington National Guard?
☐ **Yes** ☐ **No** Are you the spouse or dependent of an active duty military person stationed in Washington or a spouse/ dependent of an active duty member of the Washington National Guard?
☐ **Yes** ☐ **No** Have you separated from active duty military service in the last three years?