

APPLICATION FOR ADMISSION

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	Home	Work
Personal email			Work email (optional):		
Social Security Number*		ctcLink ID	Gender <i>(providing this information is voluntary)</i>		
			Female	<input type="checkbox"/> Male	Other
<small>*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.</small>					
Citizenship/Passport & Visa Information: US citizen? Yes No **If not a US Citizen, country of citizenship _____ Immigrant or Permanent Resident: Permanent Resident Card # _____ Refugee or Conditional Entrant Card # _____ International Student with F or M Visa <input type="checkbox"/> Visitor Other _____ <p style="text-align: right;"><i>**Please submit a copy of your immigration documentation with this application.</i></p>					
Supplemental Questions: <i>Response or non-response to this section will not affect your consideration for admission.</i> Yes No Have you been in Washington State foster care for at least one year since your 16th birthday? Yes No Has either of your parents earned a High School Diploma? Prefer not to answer Yes No Has either of your parents earned a bachelor's (4-year) degree? Prefer not to answer Yes No Are you currently employed? Full time? Part time? Yes No Do you have children or other dependents who live with you or for whom you are responsible? Yes No Veterans and/or their dependent(s) may qualify for educational benefits. Please indicate if you would like additional information.					
Name of last high school attended OR <input type="checkbox"/> GED earned, year _____		HS Code	City and State	Years attended	Graduated? Yes <input type="checkbox"/> Year _____ No, Highest grade completed _____
Name of last college, vocational/technical school attended		Code	City and State	Years attended	Graduated? Yes No
Name of other college, vocational/technical school attended		Code	City and State	Years attended	Graduated? Yes No

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

Please complete 2nd page →

Print name: _____ **Signature:** _____ **Date:** _____

Type: First Year Reapplying Running Start Transfer Full-time Part-time

Start term: Fall Winter Spring Summer

Choose only one area of study from the options below.

Academic (ACADM)

- Associate in Arts DTA Associate in General Studies Associate of Science Associate in Business Associate in Pre-Nursing

Professional Technical (PRFTC)

Please choose one program

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting Technology | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Filmmaking | <input type="checkbox"/> Nursing/Healthcare |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Culinary Arts Institute | <input type="checkbox"/> Homeland Security/Emerg. Mgmt. | <input type="checkbox"/> Organizational Leadership |
| <input type="checkbox"/> Business Technology | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Computer Info Systems | <input type="checkbox"/> Electronics | <input type="checkbox"/> Industrial Trades Technician | <input type="checkbox"/> Technical Design |
| | <input type="checkbox"/> Engineering Technology | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Welding Technology |

Non-Award Seeking (NOAWS)

- Non-Award Seeking Certificate: _____

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

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

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

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 your mother, father or legal guardian in the current or past calendar year?
If **YES**, has your mother, father or legal guardian lived continuously in Washington for the past 12 months? **Yes** **No**
- 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?

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Island | please specify: _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White | |