

# APPLICATION FOR ADMISSION

Submit this form in person or by mail to Cascadia's Kodiak Corner/Student Services Center ( 1st floor, address at left), or by fax at (425) 352-8137. Or apply online at [www.cascadia.edu/admissions](http://www.cascadia.edu/admissions).  
Questions? Please call (425) 352-8140 or e-mail: [admissions@cascadia.edu](mailto:admissions@cascadia.edu).

**SHADED AREAS FOR OFFICE USE ONLY**

<b>Social Security Number</b> If you refuse to provide your SSN, indicate by signing here: _____ To comply with federal laws, we are required to ask for your social security (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time 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 (RCW288.10.042) and the federal Family Educational Rights & Privacy Act (FERPA), the college will protect it from unauthorized use and/or disclosure.				<b>Quarter you plan to start:</b> <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year: _____		Code	
<b>Have you ever applied for or attended classes offered by Cascadia?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, when? _____			<b>Your intended degree:</b>				
Student Program Applied	<b>If undecided, what area interests you most?</b>		<b>Will you attend</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Both		<b>Do you plan to transfer to a four-year college?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Admissions Number	Date of Receipt of Application	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Birthdate</b> Mo   Day   Yr			
<b>Last name</b>	<b>First name</b>	<b>Initial</b>	<b>List previous last name</b>				
<b>Address</b> (number and street/apt. #)			<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>Day phone number</b>			<b>Evening phone number</b>				
<p><b>NOTICE:</b> 10 U.S.C. Sec. 503, Pub. L. 104-208 directs educational institutions to provide student directory information for students 17 and older to the armed forces. "Directory information" means a student's name, address, telephone listing, date and place of birth, level of education, degrees received, and the most recent previous educational agency or institution attended by the student. Students who do not wish this information to be released should attach a written request to this application form.</p> <p><b>VOLUNTARY INFORMATION: The following information is being requested to help us determine the needs of our community.</b></p>							
<b>Are you Spanish/Hispanic/Latino ethnicity?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Hispanic/Latino (717) <input type="checkbox"/> Mexican, Mexican American, Chicano (722) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Other Spanish (please specify) _____		<b>Please mark one or more boxes to indicate which race you consider yourself to be.</b> <input type="checkbox"/> Hispanic/Latino (717) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Mexican, Mexican-American (722) <input type="checkbox"/> Native Hawaiian (653) <input type="checkbox"/> Other Asian <input type="checkbox"/> Black/African-American (872) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Pacific Islander (681) <input type="checkbox"/> Native American Indian (597) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Latin American/South/Central/Caribbean/Other Spanish (799) <input type="checkbox"/> Alaskan Native (015) <input type="checkbox"/> Other Ethnicity (please specify) _____ <input type="checkbox"/> White (800)					
<b>CITIZENSHIP</b> (required information) <b>Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, list the country of citizenship: _____ <b>If not a U.S. citizen, what type of Visa do you have?</b> <input type="checkbox"/> Visitor <input type="checkbox"/> International Student (with F or M Visa) <input type="checkbox"/> Immigrant/Permanent Resident: Alien# _____ <input type="checkbox"/> Temporary Resident: Alien # _____ <input type="checkbox"/> Refugee/Parolee or Conditional Entrant: Alien # _____ <input type="checkbox"/> Other (Explain) _____					<div style="border: 1px solid black; padding: 5px;"> <b>Please attach a copy of the front and back of your green card or immigration form I-94 or I-551.</b> </div>		
<b>VETERAN'S INFORMATION</b> Are you a U.S. active military or naval veteran, or reserve military or naval veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an active or reserve member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you need financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve in a war or conflict on foreign soil or international waters? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have funds disbursed in accordance with the Montgomery GI Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Veterans and/or dependents may qualify for educational benefits. Check here to request additional information: <input type="checkbox"/>							
Resid. Code	Fee Paying Status	ENR Stat	Std.Type	Vet. Benefits	Adm. Status		

**RESIDENCY**

- 1.a. Have you been a legal resident\* of Washington and lived continuously in Washington for the past twelve months?\*  Yes  No  
\*A student cannot qualify as a legal resident of Washington for tuition calculation purposes if s/he possesses a valid out-of-state driver's license, vehicle registration, or other documents that give evidence of being a legal resident in another state.
- 1.b. If not, how long have you lived continuously in the state of Washington? \_\_\_\_\_ months
2. For the last calendar year, did your mother, father, or legal guardian claim you as a dependent on their federal income tax return?  Yes  No
3. For the current calendar year, will your mother, father, or legal guardian claim you as a dependent on their federal income tax return?  Yes  No
- 4.a. If you were claimed, or you will be claimed as a dependent on a federal income tax return, has your mother, father, or legal guardian lived in the state of Washington continuously for the past twelve months?  Yes  No
- 4.b. How long has your mother, father, or legal guardian lived continuously in the state of Washington? \_\_\_\_\_ years \_\_\_\_\_ months
5. Will you be attending this college with financial assistance received from a non-federal agency which is outside the state of Washington?  Yes  No  
If yes, explain: \_\_\_\_\_
- 6.a. Are you active duty military or national guard member and stationed in the state of Washington? **If yes, please attach a copy of military orders.**  Yes  No
- 6.b. Are you the spouse or dependent of someone on active duty in the military stationed in the state of Washington?  Yes  No
- 6.c. Are you the first member of your immediate family to attend a college or university?  Yes  No
7. Check the box if you have been in Washington State foster care for at least one year since your 16th birthday.

**EDUCATIONAL BACKGROUND**

**High School attending or last attended** \_\_\_\_\_

Location of high school City \_\_\_\_\_ State \_\_\_\_\_ Year you graduated or will graduate \_\_\_\_\_

**If you do not intend to graduate from high school, indicate the highest grade completed and last year attended**

Grade \_\_\_\_\_ Year \_\_\_\_\_ GED test taken?  Yes  No When? \_\_\_\_\_

**List all colleges/universities where you have earned credit that is applicable to your planned program at Cascadia. If you have attended more than four colleges, please attach the information on a separate sheet.**

				Graduated?
Institution _____	City _____	State _____	Dates attended: mo. / yr. to mo. / yr. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution _____	City _____	State _____	Dates attended: mo. / yr. to mo. / yr. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution _____	City _____	State _____	Dates attended: mo. / yr. to mo. / yr. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution _____	City _____	State _____	Dates attended: mo. / yr. to mo. / yr. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your E-mail address \_\_\_\_\_

**ADDITIONAL INFORMATION** (voluntary)

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Would you like to be on our mailing list?  Yes  No

Where did you hear about our college?  College Fair You Attended  TV  Radio  Newspaper  Internet  Cascadia Representative/Employee

Work  High School Counselor  Non-Profit Agency  Friends, Relatives  Billboards  Bus Ads  Other (specify) \_\_\_\_\_

**I certify to the best of my knowledge that all statements on this form are true.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_