

## APPLICATION FOR ADMISSION **RUNNING START**

SHADED AREA BELOW IS FOR OFFICE USE ONLY

Student ID Number	Residency/Fee Pay Status	Program Code	Intended Qtr	Date Received
Which quarter do you plan to begin? <input type="checkbox"/> Summer (Jun-Aug) <input type="checkbox"/> Winter (Jan-Mar)      Year _____ <input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Spring (Apr-Jun)      _____			Have you ever applied for or attended classes offered by this college? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security #:* ____ - ____ - ____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____ / ____ / ____	In case of emergency contact: Name: Telephone: (    )	

\*To comply with federal law, 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/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 (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.

Legal Name (Last, First, Middle Initial)	Previous last name(s)
Mailing Address: number and street	Apt No.
City	State      Zip
Day telephone (    ) Evening telephone (    ) Cell Phone # (    )	
E-mail Address	

**Are you a U.S. CITIZEN?**     YES     NO    If not a U.S. citizen, country of citizenship \_\_\_\_\_  
 If not a U.S. Citizen, what is your visa status? Attach a copy of your documentation.

- |   |  |
|---|--|
| <input type="checkbox"/> Permanent Resident (A# _____)              | <input type="checkbox"/> Temporary Resident (A# _____) |
| <input type="checkbox"/> Refugee/Asylee (A# _____)                  | <input type="checkbox"/> Visitor                       |
| <input type="checkbox"/> International student with F, J, or M visa | <input type="checkbox"/> Other (explain) _____         |

**NOTICE to applicants who are not citizens of the United States and have permanent resident immigration status:** A state law makes certain students who are not permanent residents or citizens of the United States, eligible to pay resident tuition rates – when they attend public colleges/universities in this state. To qualify, students must complete an affidavit/declaration/certification if they have met one of the following conditions: (A) resided in WA state for three years immediately prior to receiving a high school diploma, and completed the full senior year at a WA high school, and continuously resided in the state since earning the high school diploma; or (B) completed the equivalent of a high school diploma, and resided in WA state for three years immediately prior to receiving the equivalent of the diploma, and continuously resided in the state since earning the equivalent of the diploma. If you meet one of these conditions, request an Affidavit/Declaration/Certification form from the Admission/Registration Office.

### WASHINGTON STATE RESIDENCY STATUS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you been a legal resident* of Washington and lived continuously in the state of Washington for the past twelve months? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| * 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. |                          |                          |
| If no, how long have you lived continuously in the state of Washington? _____ months   |                          |                          |
| 2a. For the last calendar year, did your mother, father, or legal guardian claim you as a dependent on their federal income tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Will you be claimed as a dependent for the current calendar year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you answered "yes" to question 2a or 2b, has your mother, father, or legal guardian lived in the State of Washington continuously for the past twelve months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will non-federal agency/institution outside the state of Washington be providing financial assistance for you to attend college? (answer yes only if your eligibility for this assistance is based on being a resident of that state)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you on active military duty stationed in the state of Washington or a Washington National Guard member? (If yes, attach supporting documentation)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you the spouse or dependent of an active duty military person or a Washington National Guard member? (If yes, attach supporting documentation)  | <input type="checkbox"/> | <input type="checkbox"/> |

Please mark one or more boxes to indicate what race you consider yourself to be: (optional)

- White (800)    African American (872)    American Indian (597)    Alaska Native (015)  
 Native Hawaiian (653)    Vietnamese (619)    Filipino (609)    Chinese (605)    Korean (612)  
 Japanese (611)    Other Asian (621)    Other race (799) please specify \_\_\_\_\_

Are you of Spanish/Hispanic/Latino ethnicity?

- No    Yes, Mexican, Mexican American, Chicano (722)    Yes, Central American (704)    Yes, South American (729)  
 Yes, Other Spanish/Hispanic/Latino (717) please specify \_\_\_\_\_

**PREVIOUS EDUCATION    HAVE OFFICIAL HIGH SCHOOL AND COLLEGE TRANSCRIPTS SENT TO WENATCHEE VALLEY COLLEGE**

Name of last high school attended	City and State	1. Date you graduated or will graduate    Month ____ Yr ____ 2. If you did not graduate, indicate the highest grade completed ____ 3. Have you successfully completed the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ Where? _____ 4. Has either parent earned a Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Most recent college or vocational/technical school attended	City and state	Month    Year    Month    Year ____ / ____ to ____ / ____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Most recent college or vocational/technical school attended	City and state	Month    Year    Month    Year ____ / ____ to ____ / ____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PROGRAM OF STUDY/EDUCATIONAL INTENT**

Please check the item that reflects your program goal or your reason for attending WVC.    Please check one box.

**COLLEGE/ UNIVERSITY TRANSFER PROGRAMS**

- Associate in Arts and Science (transfer degree)-007
- Associate in Science Transfer (Natural Sciences)-061
- Associate in Science Transfer (Physical Sciences)-062
- Associate in General Studies\* (non-transfer degree)-008
- Associate in Fine Arts – Music (non-transfer degree)-012
- Associate in Business (transfer degree/major ready program)-011

**NON-DEGREE SEEKING, JOB SKILL UPGRADE ENRICHMENT**

(Students checking either box below may not be eligible for Financial Aid)

- I plan to upgrade my job skills.
- I plan to take classes for personal interest.
- I plan to take academic transfer courses (no degree).

**PROFESSIONAL/TECHNICAL PROGRAMS**

- Accounting\* -505
- Automotive Technician\* -712
- Bilingual Health Care Worker\* -391
- Business \* -502
- Business Information Technology\* -547
- BIT Legal\* -577
- BIT Medical\* -565
- BIT Certificate of Accomplishment\* -559
- BIT Word Processing\* -566
- Building Technology\* -745
- Chemical Dependency Studies\* -437
- Computer Technology & Systems (Networking)\* -527
- Computer Technology & Systems (Software)\* -515
- Drafting Technology-778
- Early Childhood Education\* -402
- Educational Sign Language Interpreter\* -684
- Emergency Medical Technician/EMT Plus -364
- Environmental Systems & Refrigeration Tech\* -703

- Farm Management\* -106
- Fire Science \* -828
- General Agriculture \* -105
- Hispanic Orchard Employee Education Beg\* -118
- Hispanic Orchard Employee Education Adv\* -135
- Industrial Electronics\* -657
- Integrated Pest Management\* -108
- Introduction to Viticulture\* -121
- Emergency Medical Technician/EMT Plus -364
- Medical Laboratory Technology\* -314
- Natural Resources Technician\* -165
- Nursing (RN/LPN) - 323
- Orchard Business Management\* -110
- Radiology Technology\* -358
- Sustainable/Organic Fruit\* -116
- Welding -814

\* 2 year degree or certificate of completion – not intended for transfer

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Wenatchee Valley College does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled or Vietnam era veteran.

**WENATCHEE CAMPUS:**  
**Mail To:**  
**Wenatchee Valley College**  
**Admissions Office**  
**1300 Fifth Street**  
**Wenatchee, WA 98801**

**OMAK CAMPUS:**  
**Mail to:**  
**Wenatchee Valley College**  
**Omak Campus**  
**P O Box 2058**  
**Omak, WA 98841-2058**