



Shoreline Community College
 16101 Greenwood Ave N
 Shoreline, WA 98133
 (206) 546-4101 www.shoreline.edu

RUNNING START Admission Application

Office Use Only

YRQ	
SID	
RES CODE	FEE PAY

INSTRUCTIONS:

- Sign and date application
- Mail to the attention of the Admissions Office, being sure to include other documents (such as residency, visa, immigration) if applicable.
- Response or non-response to any questions listed as voluntary will not affect your consideration for admission.

Please type or print with a black ballpoint pen. Shaded areas for office use only.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Address, including apartment number			City	State
Day Phone		Ext.	Evening Phone Ext.	
Date of Birth (mm/dd/yyyy)	Gender (Providing this information is voluntary.) <input type="checkbox"/> Male <input type="checkbox"/> Female		BRANCH	
Email address		Previous Names 1. _____ 2. _____		
Social Security Number* ____ - ____ - ____ <input type="checkbox"/> Please check this box if you decide not to provide your social security number.		<i>*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/Lifetime 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 Regulations 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.</i>		

Which quarter do you plan to start? Year 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Have either of your parents earned a bachelor's (4-year) degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a spouse or dependent of a 100% Service Connected Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for admission or attended classes at SCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____
What is your intended major or program of study? Please enter either a Workforce Education Program code or a Transfer College AND major code from the attached sheet.		Do you plan to transfer to a four-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No	STU-PRG APPLY
Have you been in Washington State Foster Care for at least one year since your 16th birthday?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACADEMIC HISTORY Entering as _____ grader. Plan to graduate in _____

If you have not graduated from high school, are you applying for: <input type="checkbox"/> Running Start <input type="checkbox"/> High School Completion <input type="checkbox"/> GED Preparation <input type="checkbox"/> None of These			
Have you taken the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date earned. Month and year: _____	
Where did you earn your GED? School or organization name: _____			

Name of last high school attended	HS Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO, Highest Grade Level _____
Last college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO
Other college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO
Other college, vocational, or technical school attended	Code	City and State	Years attended (YY) From: _____ To: _____	Did you graduate? <input type="checkbox"/> YES, Year _____ <input type="checkbox"/> NO

List any additional colleges and vocational/technical schools on a separate sheet of paper and attach.

RESIDENCY INFORMATION DOES NOT APPLY TO RUNNING START STUDENTS.

RACE AND CITIZENSHIP INFORMATION

Note: We are required by law to label some items as “voluntary.” These items are very important for understanding who the College is serving and how well they are being served. We encourage you to complete *all* parts of the form.

<p>1 Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not a U.S. citizen, what is your country of citizenship? _____</p> <p>If not a U.S. citizen, what is your immigrant/non-immigrant status?*</p> <p><input type="checkbox"/> International Student (with F or M visa)</p> <p><input type="checkbox"/> Visitor</p> <p><input type="checkbox"/> Temporary Resident #: _____</p> <p><input type="checkbox"/> Immigrant/Permanent Resident #: _____</p> <p><input type="checkbox"/> Refugee/Parolee or Conditional Entrant #: _____</p> <p><input type="checkbox"/> Other - Explain: _____ _____</p> <p>*SUBMIT A COPY OF YOUR IMMIGRATION DOCUMENTATION WITH THIS APPLICATION</p>	<p>2. Which race/ethnicity do you consider yourself to be? Please mark one or more boxes: (This information is voluntary.)</p> <p><input type="checkbox"/> African American (872) <input type="checkbox"/> Alaska Native (015) <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Asian Indian (600) <input type="checkbox"/> Chinese (605) <input type="checkbox"/> Filipino (608) <input type="checkbox"/> Japanese (611) <input type="checkbox"/> Korean (612) <input type="checkbox"/> Native Hawaiian (653) <input type="checkbox"/> Thai (618) <input type="checkbox"/> Vietnamese (619) <input type="checkbox"/> White (800) <input type="checkbox"/> Other Asian (621) <input type="checkbox"/> Other Pacific Islander (681) <input type="checkbox"/> Other Race (please specify) _____</p>	<p>3. Are you of Spanish/Hispanic/Latino race/ethnicity? (This information is voluntary.)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American (722) <input type="checkbox"/> Yes, Puerto Rican (727) <input type="checkbox"/> Yes, Chicano/Chicana (705) <input type="checkbox"/> Yes, Cuban (709) <input type="checkbox"/> Yes, Central American (704) <input type="checkbox"/> Yes, South American (729) <input type="checkbox"/> Yes, Other Spanish, Hispanic/Latino (please specify) _____</p>
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I certify that all statements are true to the best of my knowledge.

Signature: _____

Today's Date: _____

Response or non-response to any questions listed as voluntary will not affect your consideration for admission.

Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, gender, sexual orientation or disability.