



FOR OFFICE USE ONLY
Staff Initials: _____
ID# _____

Office of Minority Affairs

Mail to: UW ETS, 1107 NE 45th St., Rm. 428 Seattle, WA 98105 Phone: 206.616.1948 Toll Free: 1.877.897.0136 Fax: 206.616.3089

STUDENT APPLICATION FORM

PLEASE PRINT

Name: _____ (_____) _____
First Last MI Phone Email

Address: _____ Sex: Male Female Date of Birth: ____--____--____
Street Address/P.O. Box
City State Zip Social Security Number

A. Name of the School Currently attending? B. Current Grade (circle): 6 7 8 9 10 11 12 C. GPA: _____

D. Race/Ethnicity: Asian (specify _____) Black/African American Hispanic (specify _____)
 Native American or Alaskan Native (Specify _____) White Pacific Islander
 Multi Ethnic (specify _____) Other _____

1. Parent/Guardian Name: _____ 2. Did either one of your parents graduate from a
First Last four year college? Yes No

3. Are you a U.S. Citizen? Yes No 4. Are you a ward of the court? (foster Care) Yes No
If No, are you a Permanent Resident? Yes No

5. Do you have any children? Yes No 6. Is English your first Language? Yes No
If No, do you have difficulty reading, writing, speaking, or understanding English? Yes No

Please List the Colleges or Technical Schools you may be interested in attending.

1. _____ 2. _____ 3. _____

Please list the careers or occupations you are most interested in.

1. _____ 2. _____ 3. _____

Please Check all of the services you would like to receive

- Study Skills and habits
- Goal setting/decision making
- Scholarships
- Financial Aid
- Tutoring
- Reading/writing skills
- Career Information
- Admissions
- Math/analysis skills
- ACT/SAT preparation
- Planning high school/college classes
- Other: _____

Signature: _____

Date: _____