



FOR OFFICE USE ONLY
Staff Initials: _____
ID# _____

Office of Minority Affairs

Mail to: UW ETS, 1410 NE Campus Pkwy., Box 355845 Seattle, WA 98195 Phone: 206.616.1948 Toll Free: 1.877.897.0136 Fax: 206.685.5361

Adult Application Form

PLEASE PRINT

Name: _____
 Last First MI SSN# Date of Birth

Address: _____
 Street Address/P.O. Box Phone Email

City State Zip Sex: Male Female Citizenship: U.S. Citizen Permanent Resident

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

A. Did either parent graduate from a four year college? Yes No

D. What is your career interest? _____

B. How did you hear about the ETS?

E. When would you like to start school?
 Not sure Fall Winter Spring Summer

C. Current Grade Level (check only one-most recent)
 High School Incomplete College Incomplete
 High School/GED Graduate 2- Year College Graduate

F. What school(s) would you like to attend? _____

G. Do you have difficulty speaking English? Yes No

Employment: Unemployed Part-time Full-time Marital Status: Single Married Divorced Widowed

Income: Please check one box. Total annual household income (taxable and non-taxable) for 2012. Please include public assistance (AFDC or other), Social Security, Child Support or Other. Veteran: Yes No

less than \$16,755 \$16,756-\$22,695 \$22,696-\$28,635 \$28,636-\$34,575 \$34,576-\$40,515
 \$40,516-\$46,455 \$46,456-\$52,395 \$52,396-\$58,335 more than \$58,336

Number of family members supported by that income:(include yourself) _____ Disabilities: Yes No
 If yes, what type? _____

Optional

Release of Information and Confidentiality

I hereby authorize the University of Washington Educational Talent Search to release and obtain documents relative to and consistent with my education. I Certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge. I understand that this information will remain strictly confidential.

Signature: _____ Date: _____