



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

A. Name of the School Currently attending? B. Current Grade (Pick One): C. GPA:

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

1. Parent/Guardian Name: 2. Did either one of your parents graduate from a four year college? 3. Are you a U.S. Citizen? 4. Are you a ward of the court? 5. Do you have any children? 6. Is English your first Language?

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, Tutoring, Math/analysis skills, Goal setting/decision making, Reading/writing skills, ACT/SAT preparation, Scholarships, Career Information, Planning high school/college classes, Financial Aid, Admissions, Other

Signature: Date: