



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

STUDENT APPLICATION FORM

PLEASE PRINT

Name:			()			
First	Last	MI	Pho	one	Email	
Address:			Sex: □ Male	Date of Birth:		
St	reet Address/P.O. Box		□ Fem	ale		
City	State	Zip	Social Security Number			
A. Name of the Scho	ool Currently attendi	ng? B. Current	Grade (circle): 6	7 8 9 10 11 12	C. GPA:	
D. Race/Ethnicity:	☐ Asian (specify	r Alaskan Native (S _I	pecify)	nic (specify) □ Pacific Islander	
1. Parent/Guardian	Name:First	Last		ther one of your pare	ents graduate from a Yes □ No	
3. Are you a U.S. Cit If No, are you a Pe	tizen? rmanent Resident?		4. Are y	ou a ward of the cou	rt? (foster Care)	
5. Do you have any o	children? ☐ Yes ☐] No	If No	glish your first Lang , do you have difficult ting, or understanding		
	Please List the Coll	eges or Technical S	Schools you may b	e interested in attend	ling.	
1		2		3		
	Please list t	the careers or occu	pations you are m	ost interested in.		
1		2		3		
	Please (Check all of the ser	vices you would li	ike to receive		
☐ Study Skills and ha ☐ Goal setting/decisio ☐ Scholarships ☐ Financial Aid	etting/decision making			 □ Math/analysis skills □ ACT/SAT preparation □ Planning high school/college classes □ Other: 		
Signature:				Date:		