



Alaska Experience Summer Program Application Packet

Application Deadline: June 1, 2015 5PM AKST

First Name:

Email:

Last Name:

Phone:

Gender: ☐ Male ☐ Female ☐ Trans ☐ Undisclosed

DOB:

Address:

City:

State:

Zip:

SSN:

High School Attended:

How did you hear about us?

State

City

College Attended:

State

City

Emergency Contact

Emergency Contact Full Name:

Relationship to the Applicant:

Emergency Phone Contact:

Emergency Contact Email Address:

Program Details

Payment Deadline: June 5, 2015 5PM AKST

Program Cost:

\$3500.00*

Program Dates: July 13 – August 7

***Airfare and Meals Not Included**

Payment Options: ☐ Check ☐ Cash ☐ Money Order

☐ Credit Card: If paying by credit card please submit a contact number, and our business office will contact you for payment:



Housing Placement Profile

This questionnaire will help us place you with the most compatible roommate/apartment-mate; please be as honest as possible. We will do our best to accommodate your preferences.

Student Name: _____ Student ID: _____

Birthdate: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Trans

Primary Phone: _____ Alternate Phone: _____

Roommate Preferences:

If you wish to be placed with a particular housing resident/applicant, please list his/her name below. Roommate requests must be mutual and that your requested roommate must be eligible to reside in PWSCC Student Housing. Roommate requests will be granted as space permits.

Please note that it is PWSCC's general practice to place students of the same self-identified gender in student housing units. Gender-neutral housing is available to interested students. Please contact PWSCC Student Services for more information.

☐ Please place these students in the other rooms with my shared apartment, if possible (2 or 3 bedroom):

☐ I would like to be placed with students who are most compatible with my preferences.

Personal Information and Interests

What are your hobbies and recreational interests? _____

What sort of things do you do for leisure with friends? _____

Do you smoke (even occasionally)?

☐ Yes ☐ No

Are you willing to be housed with a smoker?

☐ Yes ☐ No

What types of music do you listen to? _____

What types of movies do you watch? _____

Personal Living Style Profile: *Please circle the response that best characterizes you.*

How outgoing are you?

☐ Very Outgoing

☐ Semi-outgoing

☐ Shy/Introverted

How loud of a person are you?

☐ Loud

☐ Moderate

☐ Fairly Quiet

What time do you generally go to bed on weeknights?

☐ Before 11pm

☐ 11pm to 1am

☐ After 1am

What are your sleeping habits?

☐ Light sleeper; I need quiet

☐ Average; light background noise is ok

☐ Heavy Sleeper; noise doesn't bother me

What are your study habits?

☐ I need quiet to concentrate

☐ Average; light background noise is ok

☐ I can concentrate with any background noise

How organized and neat do you keep your living space?

☐ Very neat

☐ Average

☐ Messy

How protective are you of your belongings (DVDs, dishes, food, etc.)?

☐ Prefer not to share

☐ At my discretion

☐ Relaxed about sharing

Do you plan to participate in clubs and extracurricular activities?

☐ Yes

☐ Possibly

☐ Probably not

What temperature do you prefer to keep your living space?

☐ Warm (75+)

☐ Moderate (68-74)

☐ Cool (Below 68)

Please provide any additional information (including health information or allergies) that would be useful in helping us make the best possible placement for you in PWSCC Student Housing (attach additional pages as necessary):

Prince William Sound Community College
Records of Required Immunizations
Please retain a copy for your personal records

PLEASE PRINT IN INK

Name: _____
 Last First Middle Social Security

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Proof of required immunization is mandatory of all students living in Student Housing at Prince William Sound Community College. This form must be completed and signed by a physician or a clinician and returned to the Student Services office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of PWSCC Admission. See #6 on back.	Month_____Year_____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #8 on back.	Primary series completed Month_____Year_____	Booster Month____Year____
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month_____Year_____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See #7 on back.	1 st series Month_____Year_____	2 nd series Month_____Year_____

Clinician or Public Health Official

Certification of Dates of
Immunization and Freedom
From Active Tuberculosis

Signature : _____

Printed Name: _____

Address: _____

Description of Immunization Requirements

1. Proof of a series of 4-5 doses of diphtheria-pertussis (DPT) or tetanus-diphtheria (Td) vaccine. If the series has been previously received, a booster Td dose is needed within the past ten years.
2. Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.
3. Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968. Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at PWSCC.
4. Proof of one dose of rubella vaccine (German measles). Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1st birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of these diseases. Live vaccines are not recommended, however, for pregnant women.
6. A tuberculin skin test within one year preceding registration (unless adequately treated for TB). If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. A second booster shot is now required after the MMR at 15 months.
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.

There are many sources for obtaining immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatricians office or your parents.

Eligibility

- ☐ Applicant must be 18 years or older on or before arrival to Valdez, AK.
- ☐ In order to be considered for the program all documentation for the application **MUST** be submitted at one time, on or before the deadline.
- ☐ Payment must be submitted no later than June 5, 2015 5PM AKST.

Checklist

- ☐ Application Complete
- ☐ Accuplacer Scores of 48 or higher in Elementary Algebra or unofficial college transcripts. Contact testing@pwscs.edu or (907) 834.1600 to find out more information about Accuplacer.
- ☐ Immunization Records
- ☐ Read & Understand refund/cancellation policies
- ☐ Submit application via email to admissions@pwscs.edu or fax 907.834.1635.

Terms and Conditions

Please initial all boxes below and sign and date at the bottom

- ☐ All applicants must be 18 years or older on or before arrival to Valdez, Alaska.
- ☐ We advise you to purchase refundable airline tickets or wait until after you have been officially accepted into the program.
- ☐ Airfare and meals are not included. Please make sure your airfare has you arriving in Valdez, AK.
- ☐ By June 3, 2015 you will be notified if you have been accepted into the program.
- ☐ If PWSCC cancels the program prior to June 3, 2015 all fees paid will be refunded within ten business days.
- ☐ Should your application not be accepted, you will be issued a refund within ten business days.
- ☐ The payment deadline is June 5, 2015 at 5:00 PM AKST.
- ☐ Should you choose to withdraw your application, email notification is required to notify PWSCC before June 15, 2015 at 5:00 PM AKST. All fees paid on or before June 15 will be refunded. Refunds will be issued within ten business days.
- ☐ Should you withdraw your application after June 15, 2015 at 5:00 PM AKST and before July 1, 2015 at 5:00 PM AKST, 50% of fees paid will be refunded. Refunds will be issued within ten business days.
- ☐ Should you withdraw your application after July 1, 2015 at 5:00 PM AKST, no refund will be issued and you will forfeit your program fees.

By signing below, I agree to the above terms and conditions.

Signature:

Date: