

**Spokane Falls Community College
Application for Gateway to College Program**

Please read the application carefully before completing. **Print clearly in blue or black ink.** Be sure to complete the entire application and required essays. Please bring your completed application with you when you come to the Information Session. Note: An official CCS application will be required upon admission to the program.

DATE OF APPLICATION: _____

I. NAME AND ADDRESS

Full Legal Name: _____
Last
First
Middle Initial

Phone Number: () _____ - _____ Email address: _____

Phone Type _____

Current home address: _____
Street Address (Include St/Ave & N/S/E/W)
Apartment Number

City: _____ State: _____ Zip: _____

Mailing address* (*if different than home address*): _____
Street address or PO Box #

City: _____ State: _____ Zip: _____

*If your mailing address is different than your home address, please explain: _____

II. PERSONAL INFORMATION

Date of Birth: ____/____/____ Current Age: _____ Date you turn 21: _____

Birthplace: _____ Gender: ___Female ___Male ___Not Specified
City
State
COUNTRY

Native Language: _____ Language spoken in the home: _____

Parent/Guardian: _____ Relationship to you: _____
Last
First
MI

Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Applicant Name: _____

IV. EMPLOYMENT

Do you currently have a job? _____ Yes _____ No If yes, please complete the following:

Employer: _____ About how many hours a week do you work? _____

Location (City/State): _____ Type of work: _____

V. REFERRAL INFORMATION

How did you learn about this program? _____

VI. PROGRAM TIME PREFERENCE

Please rank (1 and 2) your preferred time for your first term of Gateway to College, if you are selected. Write NO if you cannot attend classes at a particular time. (Note: Students **must** attend classes five days per week, Monday-Friday. **Placement at your preferred time is not guaranteed.**)

_____ **Morning classes** _____ **Afternoon classes**

VII. RELEASE OF INFORMATION

I certify that the information on this application is correct and complete. I understand that if I have not provided accurate information or the required application materials, I may be denied acceptance in the Gateway to College program.

I also understand that I cannot be enrolled in any other high school or other alternative high school education program while participating in the Gateway to College program. If selected for the program, I agree to abide by the Spokane Falls Community College Code of Student Conduct, as well as the policies and procedures of the Gateway to College program.

I hereby authorize SFCC to release confidential information about me contained in the college records to my school district. I also authorize my school district to release confidential information about me to SFCC. Furthermore, I authorize the Gateway to College staff to release confidential information about me to the Gateway to College National Network.

- Spokane Falls Community College/SFCC Gateway to College Staff
- Sponsoring School District: **Spokane Public Schools West Valley School District**
- Gateway to College National Network

NOTICE: signing of this release does not constitute, guarantee, or protect your privacy rights under FERPA. You will be required to sign a separate FERPA release once you become an enrolled student that is attending classes at Spokane Falls Community College.

The Gateway to College Program at Spokane Falls Community College, in its educational policies, programs, and procedures, provides equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, sex, sexual orientation, or disability.

Applicant Signature (Required): _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian must sign the application if the applicant is under the age of 18.

Spokane Falls Community College
Application for Gateway to College Program – Essay Requirements

VIII. THREE ESSAYS

These essays will be used by the selection committee to decide between many applicants. Please use the essays to help your application by following all the instructions.

This essay portion of the application helps us become acquainted with you on a more personal level and is an important step in the final acceptance by the Gateway Selection Committee. Your application is not complete without your essays and will not be considered for acceptance without receiving them by the announced deadline.

DIRECTIONS: On separate sheets of paper, write answers to the three essay questions below. Each essay should be **at least two (2) paragraphs**, in essay format, typewritten, and double-spaced. Each essay can be more than 2 paragraphs, but please don't submit essays that are less than 2 paragraphs. If you do not have access to a computer or typewriter, you may neatly hand write your answers in ink. Please write your name on each page. Attach the essays to your application form.

Please respond to all of the following questions. Be sure to answer all questions in your essays:

ESSAY I

What personal strengths have helped you overcome challenges in your life? How will your strengths help you to attain your educational goals? Talk about some key personal problems or challenges that you have had that have interfered with your success in completing your education in the past. What would be different now?

ESSAY II

Why are you interested in being a part Spokane Falls Community College's Gateway to College program? Why do you think this program is a good fit for you to achieve your goals? Why should the selection committee choose you for this scholarship program, especially since there is a lot of competition for limited slots?

ESSAY III

As a full-time college student, how would you balance your coursework, employment, family, social, and personal life? What would motivate you to attend classes 100 percent of the time? What would motivate you to complete all your homework assignments on time?

THIS FORM SHOULD BE TAKEN TO THE LAST SCHOOL ATTENDED

Applicant Name: _____

School District Information Form

This form is being brought to you by a student who is applying for the Gateway to College (diploma completion) program through Spokane Falls Community College (SFCC).

In order to assess whether Gateway to College can meet the applicant's educational needs, we are requesting their **transcript** and a copy of their **Individual Education Plan (IEP) or 504 plans**, where applicable.

The Gateway to College Program at SFCC accepts students ages 16-20 from school districts that have contracts with us. We currently have contracts with the districts listed below.

Student Info:

Name: _____

Today's Date: _____

Address: _____

Zip Code: _____

Home Phone: _____

Other phone: _____

School District (Please circle one):

Spokane Public Schools

West Valley School District

SCHOOL DISTRICT STAFF MUST COMPLETE BELOW AND SIGN

Please check all that apply:

The transcript is attached

The applicant **does not** have an IEP or 504.

The applicant **does** have an IEP or 504 **and it is attached.**

Signature _____

Printed Name _____

Title _____

Address _____

Phone number _____ Email address: _____