

SALISH KOOTENAI COLLEGE

OFFICE OF ADMISSIONS

P.O. BOX 70 PABLO, MT 59855 (406) 275-4855 www.skc.edu

APPLICATION FOR ADMISSIONS

(rev. 4-12-18;srd)

Congratulations on your decision to attend Salish Kootenai College. Our college is consistently honored as an Institution for Higher Education in many areas due to strong leadership, faculty and staff that are committed to achieving positive outcomes for students. As you begin to meet your higher education goals we have provided you a checklist to follow for your admission requirements.

		SKC Application for Admissions (Required) – Must be completed in <u>blue</u> or <u>black ink</u> . Failure to do so will result in your
		application being returned to you without being processed. Declaration of Major Form (Required)
		Official High School Transcript and/or Official GED Scores (Required)
		Official College Transcript(s) from all Colleges you attended, even if no credit was earned (Required, if applicable)
		Tribal Certification Release Form (Required, if applicable; we need official documentation if you are an enrolled member or a descendant)
		Verification of Residency (Required for everyone & needs to date back one full year)
		Immunization Records (Required)
		1st MMR
		 2nd MMR TB Skin Test within last five years (those born before 1-1-1957 need only TB skin test)
2. <u>A</u> j	pply for Fir	nancial Aid & Scholarships and TABE (if applicable):
		Financial Aid: Chastity Wagner: 275-4854 or Silas Perez: 275-4857
		*Create an FSA ID that will be used as your electronic signature when applying for financial aid. If you are a dependent, you and one of your parents will need to create an FSA ID. For additional information on the FSA ID, please see the
		following website: https://fsaid.ed.gov/npas/index.htm
		*Complete the Free Application for Federal Student Aid (FAFSA) – www.fafsa.ed.gov – SKC school code: 015023
		Scholarships: Ellie McLeod: 275-4825 *Salish Kootenai College offers a scholarship every Fall and Winter quarter. For more information on the SKC scholarship
		and additional scholarships, please see the following website: http://career.skc.edu/scholarships/
		College Placement Assessment (needs to be completed before you will be allowed to register for courses) (Department of Academic Success: 275-4986)
3. <u>A</u> j	_	
3. <u>A</u> j	_	(Department of Academic Success: 275-4986)
3. <u>A</u> j	pply for Ho	(Department of Academic Success: 275-4986) Dusing, Childcare and/or specific Department Admissions:
3. <u>A</u> j	pply for Ho □	(Department of Academic Success: 275-4986) Dusing, Childcare and/or specific Department Admissions: SKC Student Housing: EllenRose Bigcrane: 275-4827 ~ http://housing.skc.edu/
3. <u>A</u> j	pply for Ho	(Department of Academic Success: 275-4986) Dusing, Childcare and/or specific Department Admissions: SKC Student Housing: EllenRose Bigcrane: 275-4827 ~ http://housing.skc.edu/ SKC Childcare: Leigh Ann Courville: 675-8475
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If you have any questions about the admission requirements or application process, please contact: Raelyn DuMontier, Director of Admissions at (406) 275-4855 or raelyn_dumontier@skc.edu or message/text at (406) 285-7415



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Which Quarter do you plan to enroll: Fall Winter Spring Year:			
Do you plan to Enroll: Full-Ti	ime 🗖 Part-Time		
			PLEASE PRINT CLEARLY
PERSONAL INFORMATION			
Full Legal Name:		Maiden:	
Social Security Number:	- Dat	te of Birth://	_ Sex: Male 🗖 Female 🗖
Mailing Address:			
City:	State: Zip: _	County:	
Phone Number:	Cell	l Phone Number:	
Email address:			
Marital Status: Married ☐ Single ☐	☐ Divorced ☐ Separated	☐ Widowed ☐	
Are you a Veteran? Yes 🗖 No 🗖	Are you a U.S. Citizer	n? Yes 🗖 No 🗖	
If you are not a U.S. Citizen were you	granted permanent residence	cy to the U.S.? Yes \(\sigma \) No	
,			
ETHNICITY INFORMATION			
The following information is reque Assistance Act of 1978:	ested based on funding pro	ovided by the Tribally Co	ontrolled Community College
What is your ethnicity?	es El Hispanic or Latino	No. Not Hispanic or	Latino
If you selected not Hispanic please sel	1	100 = 100t Hispanic of	Launo
☐ American Indian or Alaska			C 7.1 1
☐ Black or African American☐ White	□ Nati	ve Hawaiian or Other Pacit	tic Islander
Are you an enrolled member of a feder Are you a Descendant of an enrolled a			nent #:
	Parent; Full enrolled	name	
	Grandparent; Full en:	rolled name	
Name and Location of tribe:			
City:		Zin:	

4	M . C . CD '1	I 1 6.: 5	
1.	Montana County of Residence: If less than 12 months, previous State & County?		
2.	State of Residence:		
۷.	If less than 12 months, previous State?	Length of time:	
3.	From what state have they filed their most recent income tax?		
<i>3.</i> 4.	From what state is their current driver's license:		
5.	State or county their vehicle is currently registered:		
6. Property owner in Montana? Yes No County:			
7.	Employed in Lake County full time? Yes No	_	
7.	Name and address of employer:		
	Date employment started:		
	Date employment stateeta		
B. If No , p	lease complete the following about yourself.		
4	M. C. C. C. C. C.	T 4 64 5	
1.	Montana County of Residence:		
2	If less than 12 months, previous State & County?		
2.	State of Residence: If less than 12 months, previous State?		
3	From what state have you filed your most recent income tax? _	Tay Voor	
3.	From what state is your current driver's license:		
4. 5.	State or county your vehicle is currently registered:		
5. 6.	Property owner in Montana? Yes No County:		
7.	Employed in Lake County full time? Yes No No	_	
/.	Name and address of employer:		
	Date employment started:		
	Date employment started.		
SAFETY &	& SECURITY (All applicants must answer these questions)		
4 77			
1. Have you	a ever been convicted of a felony (please include instances of defer	red sentencing)? Yes L No L	
Aj	felony in Montana State Law is defined as a crime for which more than one year in prison i	may be imposed.	
2. Have you property:	a been subjected to court-ordered confinement for threatening or ∇ Yes \square No \square	causing physical or emotional injury to persons or	
	a ever been disciplined, suspended from, or placed on probation at lemic reasons? Yes No D	any educational institution for	
-	pension is defined as a sanction imposed for disciplinary reasons that result in a student lea ege for disciplinary reasons is defined as a permanent separation from an institution of highe		

If you answered "yes" to any of the above questions, please provide an explanation with this application. Failure to do so will delay the processing of your application. An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the College to provide additional information. A campus committee to ensure campus safety will review this information. Any falsification or omission of data may result in a denial of admission or dismissal. To ensure adequate evaluation of your file, this application and all supporting documentation must be received thirty days before the beginning of your enrollment term. (Please note: this applies to only those who indicate "yes" to any of the above Safety & Security questions)

ACADEMIC HISTORY A. High School 1. I have graduated or Graduation date: 2. I will be graduating Complete name of your high school: City/State: _____ B. GED 1. I have received my GED Graduation date: 2. I will receive my GED Complete name of your GED Testing Center: C. COLLEGE/UNIVERSITY Yes 🔲 No 🗖 1. Have you attended (registered at) another College or University whether credit was earned or not? If you have attended (registered at) or are attending another college or university, please provide the following information for each institution. You are required to submit an official transcript for all institutions you have attended. Name of 1st College: City: _____ State: ____ Zip: ____ Dates of attendance: _____ Degree(s) earned: _____ Name of 2nd College: City: _____ State: ____ Zip: ____ Dates of attendance: Degree(s) earned: ____ Name of 3rd College: City: _____ State: ____ Zip: ____ Dates of attendance: _____ Degree(s) earned: _____ Name of 4th College: _____

(If more, attach list)

City: _____ State: ____ Zip: _____

Dates of attendance: _____ Degree(s) earned: _____

SURVEY QUESTIONS

- 1. How well do you speak your tribal language?
 - o Not applicable
 - o None
 - o Basic
 - Intermediate
 - Advanced
 - Fluent
- 2. Is English your primary Language?
 - o Yes
 - o No
- 3. Do you live in a family or community in which a language other than English is the primary language?
 - o Yes
 - o No
- 4. Did/will your parents have a four-year degree by the time you turn/turned 18 years old?
 - o Yes
 - o No
- 5. Do you receive any of the following for your family:
 - Food Stamps:
 - o Yes
 - o No
 - ➤ TANF/AFDC:
 - o Yes
 - o No
 - ➤ Free/Reduced Meals:
 - o Yes
 - o No
- Are you a Displaced Homemaker? (Learning marketable skills for the first time because of a Divorce or Widowed)
 - o Yes
 - o No
- 7. Is your Primary Residence on or near a reservation (within 60 miles)?
 - o Yes
 - o No
- 8. Which best describes you?
 - o Single with No Children
 - o Single with Dependent Children
 - o Married with No Children
 - o Married with Dependent Children

- 9. Please mark the ONE answer that best fits your CURRENT goal for going to SKC:
 - Take classes for personal enjoyment
 - Take classes to increase job skills but NOT earn a degree
 - o Complete a one-year certificate
 - o Complete a two-year Associate degree
 - Complete an Associate degree AND go on to earn a four-year degree
 - o Earn a Bachelor's degree
 - Take some classes and then TRANSFER to another college
 - I am uncertain about completing a degree or certificate
- 10. How much time per week do you plan to be employed while in college?
 - o Not at all
 - o 1-10 hours per week
 - o 11-20 hours per week
 - o 21-40 hours per week
 - o More than 40 hours per week
- 11. Do you speak a Native American Language?
 - o None
 - o Some
 - o Can carry on a conversation
 - o Fluent
- 12. Are you responsible for the care of either of the following?
 - o Not applicable
 - o Children
 - o Elders
- 13. How many family members do you regularly provide care for (including children, elders and other family members)?
 - o None
 - o One to two
 - o Three to four
 - o Five to six
 - o Seven or more
- 14. Which of the following best describes your high school?
 - o Public high school not on a reservation
 - o Public high school on a reservation
 - o Bureau of Indian Affairs high school
 - o Tribal high school
 - o Other

DISABILITY INFORMATION

If you have a disability for which accommodations may be necessary, please submit a confidential written request for disability accommodations to:

Linda Pete, Disabilities Services Coordinator Salish Kootenai College P.O. Box 70 Pablo, MT 59855 (406) 275-4968

Written documentation of disability is usually required. Disability accommodation information will be confidential and used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act. Please refer to our website for further disabilities information at: http://disabilities.skc.edu/

MEDIA RELEASE Print Clearly

- YES, I hereby grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site. I also understand that Salish Kootenai College will own the video/recorded voice/photographs and all rights to them.
- NO, I do not grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site.

	Name:			
	City:	State:	Zip:	
	Phone: ()			
Signature			Date	

SIGNATURE VERIFICATION

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Salish Kootenai College, including but not limited to those rules, regulations and standards stated in the catalog and student handbook.

Signature.	Data
Signature	Date
8	

SKC does not discriminate on the basis of race, ethnicity, national origin, sexual identification, gender, age, or disability, except as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended. Consistent with state and federal law, reasonable accommodation will be provided to persons with disabilities. The Title IX Coordinator is responsible for coordinating the College's compliance with federal and state discrimination and sexual harassment laws, including Title IX. Inquiries concerning Title VI, IX, and Section 504 may be referred to: Rachel Andrews-Gould, Title IX Coordinator, (406) 275-4985, or the Montana Human Rights Commission, 1236 Sixth Ave, Helena, MT, 59624, (406) 444-2844/(800) 542-0807.