



Requirements for SKC Forestry:

1. SKC – Admissions process Yes ____ No ____
2. Declaration of Major Yes ____ No ____
3. Official High School Transcripts or GED scores
Yes ____ No ____
4. Official College Transcripts from all colleges you have
attended Yes ____ No ____
5. Tribal Certification Release Form Yes ____ No ____
6. Immunization Records Yes ____ No ____
7. TABE assessment (needed to be completed before you will
be allowed to register for classes)* Yes ____ No ____
8. Yakama Nation Tribal Scholarship Yes ____ No ____
9. FAFSA (use <https://fafsa.ed.gov/>) Yes ____ No ____

*= TABE assessment will be conducted by SKC prior to the start of course work here locally.

Higher Education Office located in the T'uxamshish Higher Education Building.
131 Wishpoosh Rd. Toppenish WA 98948 (509)865-5121 x4542, 4530, 4540, 4509
No Fax machine available at this time.



SALISH KOOTENAI COLLEGE

OFFICE OF ADMISSIONS & TRANSFER

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

APPLICATION FOR ADMISSIONS

(rev. 4-1-15,grd)

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.

1. **Apply for Admission:** (A complete admissions file is required prior to registration and includes the following)

- SKC Application for Admissions (Required) – Must be completed in **blue** or **black ink**. 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, if tribal (Required, if applicable; we need official documentation if you are an enrolled member or a descendant)
- Verification of residency, if a Montana Resident (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)
- TABE Assessment (needs to be completed before you will be allowed to register for courses)
(Department of Academic Success: 275-4986)

2. **Apply for Financial Aid & Scholarships:**

- Financial Aid:** Chastity Wagner: 275-4854 or Silas Perez: 275-4857
*Apply for and retain a PIN number 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 a PIN number. The PIN number can be requested when you begin your senior year and will be required as you complete the FAFSA form. A PIN number can be assigned to you at www.pin.ed.gov
*As soon as possible after January 1st, complete the Free Application for Federal Student Aid (FAFSA) available from your high school counselor or fill out the form online at www.fafsa.ed.gov. Include SKC's school code, 015023, as one of your college choices on the FAFSA.
- Scholarships:** Ellie McLeod: 275-4825 or Lennie Webster: 275-4826
*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.skcc.edu/scholarships/>

3. **Apply for Housing, Childcare and/or specific Department Admissions:**

- SKC Student Housing: Dawn Benson: 275-4832 or Noel Higgins: 275-4827 ~ <http://housing.skcc.edu/>
- SKC Childcare: Leigh Ann Courville: 675-8475 ~ <http://www.skcc.edu/skc-childcare-center/>
- Specific Department Admissions, if applicable:
 - Nursing Program – admission applications due May 1st
 - Highway Construction Training Program
 - Social Work Department – admission applications due May 1st
 - Dental Assisting Technology Program

Priority admission deadlines for Salish Kootenai College are: *Fall Quarter - July 1st *Winter Quarter - Nov. 1st *Spring Quarter - Jan. 1st

If you have any questions about the admission requirements or application process, please contact Raelyn DuMontier, Director of Admissions & Transfer Evaluation at (406) 275-4855 or raelyn_dumontier@skcc.edu



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APPLICATION FOR ADMISSIONS

(rev. 4-1-15jrd)

Which Campus will you be attending: Pablo Colville Spokane Wellpinit Yakama
Which Quarter do you plan to enroll: Fall Winter Spring Year: _____
Do you plan to Enroll: Full-Time Part-Time

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Full Legal Name: _____ Maiden: _____
Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____ Sex: Male Female
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone Number: _____ Cell Phone Number: _____
Email address: _____
Marital Status: Married Single Divorced Separated Widowed
Are you a Veteran? Yes No Are you a U.S. Citizen? Yes No
If you are not a U.S. Citizen were you granted permanent residency to the U.S.? Yes No

ETHNICITY INFORMATION

The following information is requested based on funding provided by the Tribally Controlled Community College Assistance Act of 1978:

What is your ethnicity? Yes Hispanic or Latino No Not Hispanic or Latino

If you selected not Hispanic please select all that apply:

- American Indian or Alaska Native Asian
- Black or African American Native Hawaiian or Other Pacific Islander
- White

Are you an enrolled member of a federally recognized tribe? Yes No Census/Enrollment #: _____

Are you a Descendant of an enrolled member (Parent or Grandparent)? Yes No

- Parent; Full enrolled name _____
- Grandparent; Full enrolled name _____

Name and Location of tribe: _____

City: _____ State: _____ Zip: _____

RESIDENCY INFORMATION

A. Does your parent or legal guardian claim you as a federal income tax exemption? Yes No *If No, go to question B.*
If Yes, please complete the following about your parent/guardian.

1. Montana County of Residence: _____ Length of time? _____
If less than 12 months, previous State & County? _____
2. State of Residence: _____ Length of time? _____
If less than 12 months, previous State? _____
3. From what state have they filed their most recent income tax? _____ Tax Year: _____
4. From what state is their current driver's license: _____ Date issued: _____
5. State or county their vehicle is currently registered: _____ Current Year: _____
6. Property owner in Montana? Yes No County: _____
7. Employed in Lake County full time? Yes No
Name and address of employer: _____
Date employment started: _____

B. If No, please complete the following about yourself.

1. Montana County of Residence: _____ Length of time? _____
If less than 12 months, previous State & County? _____
2. State of Residence: _____ Length of time? _____
If less than 12 months, previous State? _____
3. From what state have you filed your most recent income tax? _____ Tax Year: _____
4. From what state is your current driver's license: _____ Date issued: _____
5. State or county your vehicle is currently registered: _____ Current Year: _____
6. Property owner in Montana? Yes No County: _____
7. Employed in Lake County full time? Yes No
Name and address of employer: _____
Date employment started: _____

SAFETY & SECURITY (All applicants must answer these questions)

1. Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes No

A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.

2. Have you been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes No

3. Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes No

Suspension is defined as a sanction imposed for disciplinary reasons that result in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.

4. Have you ever been required to register as a sexual or violent offender? Yes No

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

or

Graduation date: _____

2. I will receive my GED

Complete name of your GED Testing Center: _____

City/State: _____

C. COLLEGE/UNIVERSITY

1. Have you attended (registered at) another College or University whether credit was earned or not? Yes No

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: _____

City: _____ State: _____ Zip: _____

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

(If more, attach list)

SURVEY QUESTIONS

1. How well do you speak your tribal language?
 - Not applicable
 - None
 - Basic
 - Intermediate
 - Advanced
 - Fluent
2. Is English your primary Language?
 - Yes
 - No
3. Do you live in a family or community in which a language other than English is the primary language?
 - Yes
 - No
4. Did/ will your parents have a four-year degree by the time you turn/ turned 18 years old?
 - Yes
 - No
5. Do you receive any of the following for your family:
 - Food Stamps:
 - Yes
 - No
 - TANF/ AFDC:
 - Yes
 - No
 - Free/ Reduced Meals:
 - Yes
 - No
6. Are you a Displaced Homemaker?
(Learning marketable skills for the first time because of a Divorce or Widowed)
 - Yes
 - No
7. Is your Primary Residence on or near a reservation (within 60 miles)?
 - Yes
 - No
8. Which best describes you?
 - Single with No Children
 - Single with Dependent Children
 - Married with No Children
 - 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
 - Complete a one-year certificate
 - Complete a two-year Associate degree
 - Complete an Associate degree AND go on to earn a four-year degree
 - 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?
 - Not at all
 - 1-10 hours per week
 - 11-20 hours per week
 - 21-40 hours per week
 - More than 40 hours per week
11. Do you speak a Native American Language?
 - None
 - Some
 - Can carry on a conversation
 - Fluent
12. Are you responsible for the care of either of the following?
 - Not applicable
 - Children
 - Elders
13. How many family members do you regularly provide care for (including children, elders and other family members)?
 - None
 - One to two
 - Three to four
 - Five to six
 - Seven or more
14. Which of the following best describes your high school?
 - Public high school not on a reservation
 - Public high school on a reservation
 - Bureau of Indian Affairs high school
 - Tribal high school
 - Other

DISABILITY INFORMATION

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

Disability Services Counselor
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.sk.edu/>

MEDIA RELEASE

PLEASE 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: _____

Address: _____

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 _____

Date _____

SKC does not discriminate on the basis of race, ethnicity, national origin, gender, age or disability in admission or access to educational programs or college activities. Because SKC is a tribal college, some academic programs may have tribal preference policies explained in their admissions materials. 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.; P.O. Box 1728; Helena, MT 59624; 406-444-2884 / 800-542-0807.



Supplemental form for Online Applicants & Returning Students

Survey and Safety & Security Questions

PLEASE PRINT CLEARLY

Name: _____ Social Security #: _____

Address: _____

Phone #: _____ Degree/Major: _____

Which Quarter/Year do you plan to enroll: Fall Winter Spring Year: _____

Ethnicity: Enrolled tribal member 1st Gen. Desc. 2nd Gen. Desc. White

SURVEY QUESTIONS

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 - Yes
 - No
5. Do you receive any of the following for your family:
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 - No
 - TANF/AFDC:
 - Yes
 - No
 - Free/Reduced Meals:
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Signature: _____

Date: _____



For Office Use Only
Date Entered: _____
Initials: _____

TRIBAL CERTIFICATION RELEASE (rev. 08/14/08, KAF)

**PLEASE PRINT
TO BE COMPLETED BY THE STUDENT**

Enrolled Name _____ Date of Birth _____
Name of Tribe _____ Enrolled _____ Descendant _____
Reservation Location or Agency _____
Place of Birth _____ City _____ State _____
Social Security Number _____
City _____ State _____
Mother's Maiden Name _____
Mother's Tribe _____ Mother's Date of Birth _____
Grandmother's Name _____
Grandmother's Tribe _____ Grandmother's Date of Birth _____
Father's Name _____
Father's Tribe _____ Father's Date of Birth _____
Grandfather's Name _____
Grandfather's Tribe _____ Grandfather's Date of Birth _____

**I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:
SALISH KOOTENAI COLLEGE
ENROLLMENT SERVICES DEPARTMENT
P.O. BOX 70
PABLO, MT 59855**

Date _____ Signature _____

TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER:

I certify that _____ is an
_____ Enrolled _____ 1st Descendent _____ 2nd Descendent
of the _____ Tribe.
Enrollment Number _____ Blood Degree _____
Eligible for BIA Services _____ Ineligible for BIA Services _____

Agency Name _____
Agency Address _____

Certifying Official Signature _____

