



## SALISH KOOTENAI COLLEGE

### OFFICE OF ADMISSIONS

P.O. BOX 70  
PABLO, MT 59855  
(406) 275-4855  
[www.sk.edu](http://www.sk.edu)

## APPLICATION FOR ADMISSIONS

(rev. 5-22-17;srđ)

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 (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. **Apply for Financial 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](http://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.sk.edu/scholarships/>
- TABE Assessment** (needs to be completed before you will be allowed to register for courses)  
(Department of Academic Success: 275-4986)

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

- SKC Student Housing: EllenRose Bigcrane: 275-4827 ~ <http://housing.sk.edu/>
- SKC Childcare: Leigh Ann Courville: 675-8475
- Specific Department Admissions, if applicable:
  - Nursing Program – admission applications due May 1<sup>st</sup>
  - Highway Construction Training Program
  - Social Work Department – admission applications due May 1<sup>st</sup>
  - Dental Assisting Technology Program

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

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@sk.edu](mailto:raelyn_dumontier@sk.edu)



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Which Campus will you be attending:  Pablo  Colville  Spokane  Wellpinit

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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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)

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## 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 1<sup>st</sup> College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_
- Name of 2<sup>nd</sup> College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_
- Name of 3<sup>rd</sup> College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_
- Name of 4<sup>th</sup> College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

*(If more, attach list)*

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## 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

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## 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.sk.edu/>

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## 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 \_\_\_\_\_

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## 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, 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.