This is an application for admission to the Bachelor of Applied Science (BAS) in Hospitality Management program for fall 2012 enrollment. If you have questions or concerns, please contact us at anytime.

**Contact Name:** Katie Frazier  
**Phone:** (206) 934-6783  
**Fax:** (206) 934-5156  
**Email:** Katie.Frazier@SeattleColleges.edu
APPLICATION CHECKLIST

Admission to the program is competitive. Meeting minimum requirements does not guarantee admission as the number of qualified applicants may exceed the number of available enrollment spaces.

☐ **Student Identification (SID) Number** – If you have never attended South Seattle Community College (SSCC), North Seattle Community College (NSCC), or Seattle Central Community College (SCCC):
   - Go to [http://tinyurl.com/sscc-online-app](http://tinyurl.com/sscc-online-app) and apply to South Seattle Community College online. Once you apply to the College, you will be given a SID number to use on your BAS application form
   - **You can skip this step if you already have a SID number from SSCC, NSCC, or SCCC**

☐ **A completed application form**

☐ **A non-refundable check for $35.00**, payable to “South Seattle Community College BAS Program” (This fee covers your application to SSCC, transcript evaluation and your individualized program plan). Include your SID number on the check.

☐ **Official transcripts** from a regionally accredited college demonstrating completion of an Associate - Transfer degree AND an “Incoming Academic Transcript Evaluation Request” form.
   - **Note:** unofficial transcripts including opened official transcripts will not be accepted. Students who have attended SSCC, NSCC, or SCCC do not need to order official transcripts but a “Transcript Evaluation Request” form is still required

☐ **Two letters of recommendation** from individuals who personally know your work (such as your current or past supervisor), that discuss your contributions to your workplace and how he/she believes you will benefit from completion of the BAS program. If you are applying for this program immediately after completing an associate degree program, the letters of recommendation may be from your instructors on college letterhead. **All letters of recommendation must include the recommender’s name and contact information.**

☐ **A personal statement** (minimum of 400 words, maximum of 600 words) discussing your work experience; your personal and professional goals; advanced certifications you already possess; any specific or unique attributes that you will bring to the program; any personal or imposed challenges or hardships you have overcome in pursuing your educational or work goals; or any other special considerations that you believe will make you a good candidate for the program.

☐ **Review the financial aid website at** [http://southseattle.edu/finaid/forms.htm](http://southseattle.edu/finaid/forms.htm) and submit your FASFA at [http://www.fafsa.ed.gov](http://www.fafsa.ed.gov). Financial aid applications are typically due 4-6 months prior to your start date. Be sure to apply for fall quarter financial aid when you apply to the BAS program so you do not miss any important deadlines.

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All application materials must be addressed to:

Attn: Katie Frazier  
South Seattle Community College  
6000 16th Ave SW – TEC140  
Seattle, Washington 98106-1499

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*South Seattle Community College does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, or status as a disabled or Vietnam era veteran.*
**BAS, HOSPITALITY MANAGEMENT APPLICATION FORM**

**IMPORTANT NOTES:**
- Please type or print legibly with a black or blue pen
- Enclose the application fee of $35.00. Checks should be made payable to South Seattle Community College, BAS Program (do not mail cash)

**SECTION 1 - PERSONAL INFORMATION**

<table>
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<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<th>Address, including apartment number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Day Phone</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Gender</th>
<th>Previous Names</th>
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<tr>
<th>Social Security Number</th>
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**Note:** Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be required for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

**Student Identification Number (SID)**

| --- --- |
|        |

If you do not already have an SID number, go to [http://tinyurl.com/sscc-online-app](http://tinyurl.com/sscc-online-app) and apply online. Once you finish the online application, you will be given an SID number.

**SECTION 2 – COLLEGE ENROLLMENT HISTORY, COURSE PLANS, WORK EXPERIENCE**

**Year and quarter you plan to start?**
FALL QUARTER, 20__

<table>
<thead>
<tr>
<th>College, vocational, or technical school attended</th>
<th>City and State</th>
<th>Years attended (YY) From: To:</th>
<th>Did you graduate?</th>
<th>Yes, Year</th>
<th>No</th>
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<td>Yes, Year</td>
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List any additional colleges and vocational/technical schools on a separate sheet of paper and attach. Please have official transcripts sent to SSCC as directed in the application checklist.

**Current degree(s) held, certification(s), and briefly list work experience**

<table>
<thead>
<tr>
<th>Degree / Certificate / Position</th>
<th>Granting institution or organization / Place of employment</th>
<th>Date degree or certificate received / Dates of employment</th>
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SECTION 3 - RESIDENCY INFORMATION

Please read this notice before responding to the questions in this section:

Effective July 1, 2003, Washington State law changed the definition of "resident student." The law makes certain students, who are not permanent residents or citizens of the United States, eligible for resident student status - and eligible to pay resident tuition rates - when they attend public colleges and universities in this state. The law does not make these students eligible to receive need-based state or federal financial aid. To qualify for resident status, students must complete an affidavit/declaration/certification if they are not permanent residents or citizens of the United States but have met one of the following conditions:

Condition One: (a) Resided in Washington State for three years immediately prior to receiving a high school diploma, and (b.) Completed the full senior year at a Washington high school, and (c.) Continuously resided in the State since earning the equivalent of a high school diploma.

Condition Two: (a.) Completed the equivalent of a high school diploma, and (b.) Resided in Washington State for the three years immediately before receiving the equivalent of the diploma, and (c.) Continuously resided in the State since earning the equivalent of a high school diploma.

NOTE: If you meet one of the above conditions and would like to pay resident tuition rates, contact South Seattle Community College and request a copy of the 1079 residency form.

<table>
<thead>
<tr>
<th>Residency Questions for Tuition Purposes:</th>
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<tbody>
<tr>
<td>1. Have you lived continuously in the State of Washington for the past 12 months?</td>
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<tr>
<td>□ Yes □ No</td>
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<tr>
<td>If no, how long have you lived continuously in the state of Washington?</td>
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<tr>
<td>______ months</td>
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<tr>
<td>3. Will a public or private non-federal agency/institution outside the state of Washington provide you with financial assistance to attend college? (answer yes only if your eligibility for this assistance is based on being a resident of that state)</td>
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<tr>
<td>□ Yes □ No</td>
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</tbody>
</table>

SECTION 4 - RACE AND CITIZENSHIP INFORMATION

Providing this information is voluntary

1. Which race do you consider yourself to be? Check all that apply:
   - □ African American (872)
   - □ American Indian (597)
   - □ Chinese (605)
   - □ Japanese (611)
   - □ White (800)
   - □ Other Asian (621)
   - □ Other Race (specify): __________________________

2. Are you of Spanish/Hispanic/Latino ethnicity? □ No
   - □ Yes, Mexican (722)
   - □ Yes, Puerto Rican (727)
   - □ Yes, Cuban (709)
   - □ Yes, other Spanish, Hispanic, or Latino (Please specify): __________________________

3. Are you a U.S. citizen? □ Yes □ No - If not U.S. citizen, what is your country of citizenship __________________________

   If not a U.S. citizen, what is your visa status? (SUBMIT A COPY OF YOUR DOCUMENTATION WITH APPLICATION)
   - □ International student (with F or M visa) □ Visitor
   - □ Temporary Resident. Alien Number: __________________________
   - □ Immigrant/Permanent Resident. Alien Number: __________________________
   - □ Refugee/Parolee or Conditional Entrant. Alien Number: __________________________
   - □ Other – Explain: __________________________

SECTION 5 – OTHER

Check all that apply

1. How did you hear about the Bachelor of Applied Science in Hospitality Management program at South Seattle Community College?
   - □ Family / Friend □ Radio □ College Schedule □ Mobile Advertisement □ College Advisor □ Instructor □ Other: __________________________

I certify to the best of my knowledge that all statements on this form are true.

Signature: __________________________ Date: __________________________

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INCOMING ACADEMIC TRANSCRIPT EVALUATION REQUEST

1. SECTION A – Program of Study

☐ Associate of Arts Degree (AA)  ☐ Associate of Science Degree (AS)

☐ Bachelor of Applied Science Hospitality Management (BAS)

☐ Two Year Professional/Technical Program (includes Associate of Applied Science (AAS))
   Indicate specific program __________________________________________________________

☐ Professional/Technical Certificate
   Indicate specific program __________________________________________________________

2. SECTION B

YOUR NAME: ________________________________ TODAY’S DATE: _______________

PREVIOUS NAME (if applicable): _________________________________________________

YOUR E-MAIL ADDRESS: _________________________________________________________

ADDRESS: _________________________________________________________________
   Number and Street  Apt. #
   ____________________________________________________________
   City  State  Zip

DAYTIME TELEPHONE: ____________ STUDENT ID NUMBER: _________________________

If you are undecided about your program of study, please schedule an appointment for advising prior to submitting this request. You may call (206)934-5387 to make an appointment.

Request is for evaluation from the following schools:

1) ____________________________________________________________

2) ____________________________________________________________

3) ____________________________________________________________

4) ____________________________________________________________

Are these transcripts on file at SSCC?  Yes ☐ No ☐ If not, date ordered: ______________

Are you, or have you ever been a student at South Seattle Community College? Yes ☐ No ☐

If Yes, year(s) first attended: ______________

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