



**Personal Data Form**

To implement this program more successfully, SSCC requests that you provide the following information. Providing this information is **voluntary**. Disclosure Statement: Response or non-response to any of the questions listed as voluntary in this section will not affect your consideration for admission. Thank you for voluntarily completing this form.

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender (check one):      Male \_\_\_\_\_      Female \_\_\_\_\_

What is your country of origin? \_\_\_\_\_

Race/Ethnicity: Which race or ethnicity do you consider yourself to be? (Check all that apply.)

- Asian/Pacific Islander
- Asian Indian
- African /African American
- Other \_\_\_\_\_
- Hispanic/Latino/Chicano
- Native American/Eskimo/Aleut
- White/Caucasian

Is your first language something other than English? (yes or no) \_\_\_\_\_

What languages are spoken in your household? \_\_\_\_\_

Are you a Veteran of the U.S. Armed Forces? (yes or no) \_\_\_\_\_

Are you a spouse of a Veteran of the U.S. Armed Forces? (yes or no) \_\_\_\_\_

Please check here if you have been in Washington State foster care for at least one year since your 16<sup>th</sup> birthday. \_\_\_\_\_