

OLS Admissions Application

To be filled out by Applicant
Please type or print legibly



Associate Degree in Occupational & Life Skills

For Academic Year Beginning Fall 2012

Applicant Name

Address

City

Zip

Home Phone Number

Email

U.S. Social Security Number*

Date of Birth

Sex

Male

Female

Your SSN is confidential and under federal law, it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purposes of state and federal financial aid, Hope/Lifeline Learning tax credits, assessment, academic transcripts, or accountability research.

Today's Date

This application is valid for one year.

A non-refundable \$54.00 fee is required with this application
Please fill out all items on this application. Make sure the work is yours.

Please mail application to:

**Bellevue College
Occupational & Life Skills (OLS)
3000 Landerholm Circle SE
Bellevue, WA 98007**

For more information or additional forms please inquire at ols@bellevuecollege.edu or 425.564.2844. or visit our website: www.bellevuecollege.edu/ols. Fax: 425.564.3094



Bellevue College reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit <http://www.bellevuecollege.edu/equal.asp>.

How did you learn about OLS?

Please check one: Friend Counselor Teacher Job Coach Other

Please explain: _____

What is it about OLS that interests you?

School

High School(s) and any post-secondary educational institutions attended (Name, city, state, country)	Dates of Attendance (From – To)	Name of Program

When did/will you receive a high school diploma or certificate of completion? _____

Work/Volunteer History

Name of Organization	Job Title	Dates (from-to)	Paid or Volunteer

What were your responsibilities in each of the above job or volunteer positions?

Living

Have you ever lived away from your parents? Yes No

If yes, please tell us more: _____

If no, please tell us your plans for the future: _____

What types of transportation do you use regularly? Bus Carpool Drive

What bus routes do you take? _____

Please tell us about your disability and what accommodations you will need:

What are your hopes and concerns about entering a college program?

Recommendation Forms:

Two recommendations are required as part of the application process. Recommendations must be from an educator, employer or work supervisor, school counselor, psychotherapist, social worker, or physician who has known you for six months or longer. **Please indicate who will be writing recommendation forms:**

1. _____
Name Title

Address

2. _____
Name Title

Address

Essay Questions: Please answer the following two essay questions thoughtfully using specific details.

What are your goals for the future? How will being a student at Bellevue College help you reach those goals? _____
