



PCC Prep Alternative Programs
Gateway to College
Application for Admission



Please read the application carefully before completing. **Print clearly in blue or black ink.** Be sure to complete the entire application and required essays. Please bring your completed application with you when you come to the Information Session.

DATE OF APPLICATION: _____

I. NAME AND ADDRESS

Full Legal Name: _____
Last
First
Middle Initial

Phone Number: () _____ - _____ Email address: _____

Current home address: _____
Street Address (Include St/Ave & NE/SE/SW/NW)
Apartment Number

City: _____ State: _____ Zip: _____

Mailing address* (if different than home address): _____
Street address or PO Box #

City: _____ State: _____ Zip: _____

*If your mailing address is different than your home address, please explain: _____

II. PERSONAL INFORMATION

Social Security Number: _____ - _____ - _____ Check here if you do NOT HAVE a SS number _____

Date of Birth: ____/____/____ Current Age: _____ Date you turn 21: _____

Birthplace: _____ Gender: ___Female ___Male
City
State
COUNTRY

Parent/ Guardian: _____ Relationship to you: _____
Last
First
MI

Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Emergency Contact Information (if different than Parent/Guardian)

Name: _____ Relationship to you: _____
Last
First
MI

Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Applicant Name: _____

III. ACADEMIC INFORMATION

Please attach an official transcript from each source of high school credit.

List all high schools, alternative programs, home school, or college where you have taken courses, beginning with the most recent. If you are working on or have earned your GED, please indicate below:

Name of School:	Location (City/State)	Dates (Month/Year – Month/Year)	# of credits earned	Last grade attended
		Total credits:		
FOR GED ONLY Name of School/Program	Location (City/State)	Date completed	Copy GED attached?	Date expected to complete

Have you ever received Special Education Services, had an Individualized Education Plan (IEP), or a 504 Plan? Yes No

If yes, please answer the following questions:

- Current or most recent school attended: _____
- Name of school counselor: _____
- What type of IEP do you have (or what kind of services were you receiving)?

Have you taken classes at PCC before? YES NO If YES, what year? _____

If accepted into the Gateway to College (scholarship) program, you are not eligible to apply for, nor can you accept, any form of financial aid through Portland Community College.

Have you ever been dismissed or suspended from a school or college for any violations of student conduct or safety? If yes, please explain. What kind of support would you need to insure that this did not occur again?

Is there anything that may prevent you from attending classes on a regular basis? NO YES. If YES, please explain: _____

Students accepted into the Gateway to College program are responsible for **paying class/lab fees** each term (\$60-\$80 per term). How would you plan to pay for fees? _____

IV. EMPLOYMENT

Applicant Name: _____

Do you currently have a job? _____ Yes _____ No If yes, please complete the following:

Employer: _____ About how many hours a week do you work? _____

Location (City/State): _____ Type of work: _____

V. REFERRAL INFORMATION

How did you learn about this program? _____

VI. PROGRAM LOCATION SELECTION

Please rank (1, 2, and 3) your preferred location for your first term of Gateway to College, if you are selected. Write NO if you cannot attend classes at a particular site or time. Morning classes are typically 9 am-12 pm, and afternoon classes are typically 1-4 pm.

_____ **Morning classes** at the **Southeast Center**, 2305 SE 82nd Ave,

_____ **Afternoon classes** at the **Cascade Campus**, 700 N. Killingsworth

_____ **Afternoon classes** at the **Rock Creek Campus**, 17705 NW Springville Rd

_____ **Afternoon classes** at the **Sylvania Campus**, 12000 SW 49th Ave

Students **must** attend classes five days per week, Monday-Friday. **Please note:** There may not be classes offered at all campuses each term. **Placement at your preferred location/time is not guaranteed.**

VII. REQUIRED SIGNATURE

I certify that the information on this application is correct and complete. I understand that if I have not provided accurate information or the required application materials, I may be denied acceptance to the Gateway to College program.

I also understand that I cannot be enrolled in any other high school or other alternative high school education program while participating in the Gateway to College program. If selected for the program, I agree to abide by the Portland Community College Code of Student Conduct, as well as the policies and procedures of the Gateway to College program.

I hereby authorize PCC to release confidential information about me contained in the college records to my school district. I also authorize my school district to release confidential information about me to PCC.

Portland Community College/PCC Prep Staff

Sponsoring School District: **BSD CSD DD HSD LO PPS SSD TT**

PCC Prep Alternative Programs, in its educational policies, programs, and procedures, provide equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, sex, sexual orientation, or disability.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian must sign the application if the applicant is under the age of 18.

PCC Prep Alternative Programs
Gateway to College
Application for Admission – Essay Requirements

VIII. THREE ESSAYS

These essays will be used by the selection committee to decide between many applicants. Please use the essays to help your application by following all the instructions.

This essay portion of the application helps us become acquainted with you on a more personal level and is an important step in the final acceptance by the Gateway Selection Committee. Your application is not complete without your essays and will not be considered for acceptance without receiving them by the announced deadline.

DIRECTIONS: On separate sheets of paper, write answers to the three essay questions below. Each essay should be **at least two (2) paragraphs**, in essay format, typewritten, and double-spaced. Each essay can be more than 2 paragraphs, but please don't submit essays that are less than 2 paragraphs. If you do not have access to a computer or typewriter, you may neatly hand write your answers in ink. Please write your name on each page. Attach the essays to your application form.

Please respond to all of the following questions. Be sure to answer all questions in your essays:

ESSAY I

What personal strengths have helped you overcome challenges in your life? How will your strengths help you to attain your educational goals? Talk about some key personal problems or challenges that you have had that have interfered with your success in completing your education in the past. What would be different now?

ESSAY II

Why are you interested in being a part of Portland Community College's Gateway to College program? Why do you think this program is a good fit for you to achieve your goals? Why should the selection committee choose you for this scholarship program, especially since there is a lot of competition for limited slots?

ESSAY III

As a full-time college student, how would you balance your coursework, employment, family, social, and personal life? What would motivate you to attend classes 100 percent of the time? What would motivate you to complete all your homework assignments on time?



THIS FORM SHOULD BE TAKEN TO THE LAST SCHOOL ATTENDED

School District Information Form

This form is being brought to you by a student who is applying for Gateway to College (diploma completion) program through PCC Prep Alternative Programs.

In order to assess whether Gateway to College can meet the applicant’s educational needs, we are requesting their **transcript** and a copy of their **Individual Education Plan (IEP) or 504 plans**, where applicable.

Applicants who have an IEP (or 504) can only be accepted to Gateway to College after an IEP meeting is held in their home district. A PCC Prep representative must be present to determine if our programs are able to meet the educational needs of the student. Please contact Pam Blumenthal, Manager of Gateway to College, at 503-788-6288 with any questions about students with IEPs.

PCC Prep Alternative Programs accepts students between the ages of 16-20 from school districts that have contracts with us. We currently have contracts with the districts listed below.

Student Info:

Name: _____ Today's Date: _____

Address: _____ Zip Code: _____

Home Phone _____ Other phone _____

School District (Please circle one):

Portland Beaverton Hillsboro Lake Oswego Tigard/Tualatin David Douglas Centennial
Sherwood

SCHOOL DISTRICT STAFF MUST COMPLETE BELOW AND SIGN

Please check all that apply:

___ The official transcript is attached

___ The applicant **does not** have an IEP or 504.

___ The applicant **does** have an IEP or 504.

The IEP team will meet on the following date to determine if placement into PCC Prep is appropriate:

(Please contact Pam Blumenthal 503-788-6288 with meeting time and location)

Signature _____

Printed Name _____

Title _____

Address _____

Phone number _____ Email address: _____



ALTERNATIVE PROGRAMS

Primary Home Language Other than English (PHLOTE) Survey

Please fill this survey out, even if your first language is English!

Student Name: _____	District: _____
Date of Birth: _____	ID #: _____

A home language survey must be administered to every student who is new to PCC PREP

To be completed by Parent/Guardian if student is under 18 years of age:

1. What is the student's first language? _____
2. What language is spoken at home most of the time? _____
3. What language does the student use most often? _____
4. In what language would you like to receive materials, if available? _____

Survey completed by: _____

Date: _____

Please file in student's record

Alternative Programs/PCC Prep

Student Records
Phone: 503-614-7100
Fax: 503-645-0894

Mailing Address
P.O. Box 19000
Portland, OR 97280-0990
RC 5-115

Consent to Release Confidential Information

Portland Community College

Portland Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

This release will be valid until the student invalidates it by completing a new form or deleting permissions online.

Student Information – Please Print Clearly

Name _____
First Name Middle Initial Last Name

Address: _____
Street Address

City _____ State _____ Zip _____

Phone Number: _____

PCC ID or SSN: _____

Please release the following records (check all that apply):

Specific records to be disclosed:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Student Account | <input checked="" type="checkbox"/> Enrollment Status |
| <input checked="" type="checkbox"/> Course Schedule | <input checked="" type="checkbox"/> Attendance |
| <input type="checkbox"/> Financial Aid | <input checked="" type="checkbox"/> Grades |
| <input checked="" type="checkbox"/> Academic Transcript | <input checked="" type="checkbox"/> Academic Standing |
| <input checked="" type="checkbox"/> Graduation Date | <input checked="" type="checkbox"/> Degree Status |
| <input type="checkbox"/> Phone & Address | |

Other (Please list): _____

Restrictions (if any): _____

Purpose of disclosure (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Deferment | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Payment | <input checked="" type="checkbox"/> Other Academic Progress |

If requested for an insurance verification, please provide the following information for the insured party:

Name: _____

ID Number: _____

Release Information to:

Name _____
Name Middle Initial Last Name

Address: _____
Street Address

City _____ State _____ Zip _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Name _____
Name Middle Initial Last Name

Address: _____
Street Address

City _____ State _____ Zip _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

TO SUBMIT:

In person: Bring to any campus admissions, registration or business office

By Mail: PCC, Student Records, PO Box 19000,
Portland, OR 97280-0990

By Fax: General record requests (503) 645-0894

I hereby authorize PCC to release confidential information about me contained in the College's records. I agree to hold PCC and its employees harmless for any unauthorized use of my student records obtained by the above named party.

Student Signature _____ Date _____