



# Application for Admission

1. **Apply for Admissions:** (A complete admissions file is required prior to registration, and includes the following)

- BCC Application for Admissions (Complete each section)
- Application Fee \$30 (Non-refundable one-time fee)
- Declaration of major form
- Official High School Transcripts or Official GED/HiSET Scores
- Official College Transcript(s) from all Colleges you attended, even if no credit was earned. Transcripts must be sent from college directly to BCC in sealed envelope.
- Tribal Certification of Indian Blood (if you are an enrolled member or a descendent of a federally recognized tribe.)
- Immunization Records for students born after 12/31/1956 (Must have 1<sup>st</sup> & 2<sup>nd</sup> MMR. TB Skin Test must be within the last 5 years)

**First time students:**

- Fill out First Time First Semester Tuition wavier if you qualify

2. **Assessment and Advising:**

- New, transfer and former students must attend student orientation.
- Take a placement test with Student Success.
- Meet with advisor to go over program of study.

3. **Apply for Financial Aid & Scholarships:**

- **Financial Aid:** Financial Aid Officer: 338-5441, extension 2245  
Please apply and/or update your financial aid as soon as possible. Complete the Free Application for Federal Student Aid (FASFA) available from your high school counselor. Fill out the form online at or apply in person at the BCC financial aid office. Include BCC's school code, 014902, as one of your college choices on the FASFA.
- **Scholarships:** Financial Aid Tech (Ext. 2247) & Financial Aid Specialist (Ext. 2246)  
BCC offers a scholarship every fall and spring Semester. For more information, please contact the financial aid office.

**Please return, fax or mail application to:**

Post Office: PO Box 819  
Address: 504 SE Boundary ST  
Location: Browning, Mt 59417  
Fax: (406) 338-3776  
Web: www.bfcc.edu

**Questions: Contact Admissions/Registrar Staff**

Admissions Officer: 406-338-5441, extension 2404  
Admissions Assistant, extension 2243  
Registrar: 406-338-5421, extension 2248  
Registrar Assistant/Data Collection Technician: extension 2244  
Toll Free Number: 1800-549-7457

# Blackfeet Community College Admissions Application



Please Print Clearly

## Personal Information

*\*Name should reflect what is displayed on S.S. Card*

Full legal name: \_\_\_\_\_  
Last First Middle Maiden Name (Previous Name)

Social Security Number: \_\_\_-\_\_\_-\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: Male  Female  Birthplace: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

## Ethnicity Information

Are you a U.S. Citizen  Yes  No If not U.S. Citizen were you granted permanent residency to the U.S.  Yes  No

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

If you selected Not Hispanic or Latino, 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 #: \_\_\_\_\_

Name and Location of tribe: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a Descendant of an enrolled member Yes  No

## Residency Information

Are you a Montana resident?  Yes  No If No, what state are you a resident? \_\_\_\_\_

With whom do you make your permanent residence? \_\_\_\_\_ What is your relationship? \_\_\_\_\_

I am or will be a graduate of a Montana High School after attending my senior year of school. Yes  No

I am a member of the armed forces of the United States assigned to active duty in Montana. Yes  No

I am the spouse or dependent child of an individual who is a member of the armed forces of the United States assigned to active duty in Montana. Yes  No

Have you served in the military for a period of active duty longer than 180 days? Yes  No

---

## Disability Information

If you have a disability for which accommodations may be necessary, please submit a confidential written request for disability accommodations to:

Disabilities coordinator  
P.O. Box 819  
Browning, Mt 59417  
(406) 338-5421 Extension 2233

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.

---

## Safety and Security

(All applicants must answer these questions)

1. Have you ever been convicted of a felony (please include instance 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 person 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 based on 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 the application. Failure to do so will delay the processing of your application. An affirmative response to any of these questions will not automatically prevent admissions, but you will be asked by the College to provide additional information. Campus security will review this information to ensure campus safety. 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)

---

## Academic History

Are you a first time first year student attending college for the first time? Yes  No

### A. High School

1.  I have graduated Graduation date: \_\_\_\_\_

2.  I will be graduating

Complete name of your high school: \_\_\_\_\_

City/State: \_\_\_\_\_

### B. GED/HiSET

1.  I have received my GED/HiSET Graduation date: \_\_\_\_\_

2.  I will receive my GED/HiSET

Complete name of your GED/HiSET testing center: \_\_\_\_\_

City/State: \_\_\_\_\_

### C. College/University

1. Have you attended (registered) another college or University whether credit was earned or not? Yes  No

If you have attended (registered) 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: \_\_\_\_\_

Were you ever suspended or dismissed for academic reasons from any of the institutions listed above? Yes  No

---

## Education Information

Term of Enrollment:  Fall 20\_\_\_\_  Spring 20 \_\_\_\_  summer 20 \_\_\_\_

BCC/Browning High School Dual Enrollment?  Yes  No if yes, please list terms attended \_\_\_\_\_

Highest Degree completed  None  Certificate  Associate  Bachelor  Masters  Doctorate

Please indicate your educational goal:

Associate's degree or Certificate (Indicate field of study) \_\_\_\_\_ (See declaration of major form)

Non-degree seeking (not pursuing a degree, certificate or financial aid at this institution)

For personal/professional development

For transfer to another institution

For teacher certification

2 + 2 Consortium Student List degree seeking \_\_\_\_\_ List home institution \_\_\_\_\_

# Blackfeet Community College

## Admissions Application



### 2016-2017 Declaration of Major Form

Please select only one program. If you are uncertain of which program to select, your advisor can assist you.  
(You must be entered into a program of study to be eligible for Federal Financial Aid)

#### Associate of Arts Degree

- AA – Elementary Education
- AA – Addiction Studies
- AA – Behavioral Health
- AA – Criminal Justice
- AA – Psychology
- AA – Social Work
- AA – Liberal Arts
- AA – Piikani Governance & Leadership
- Other: \_\_\_\_\_ Catalog year: \_\_\_\_\_

#### Associate of Science Degree

- AS– Accounting
- AS– Business Management
- AS – Early Childhood Education PK-3rd Grade
- AA – General Education in: Health Science Math  Science
- AA – Pre-Engineering
- AA – Registered Nursing
- Other: \_\_\_\_\_ Catalog year: \_\_\_\_\_

#### Associate of Applied Science Degree

- AAS – Computer Information Systems
- AAS – Early Childhood Education
- AAS – Practical Nursing
- AAS – Piikani Language Studies
- AAS – Construction Technology
- Other: \_\_\_\_\_ Catalog year: \_\_\_\_\_

#### One-Year Certificates/Endorsements

- Behavioral Health Aide – 1-year certificate
- Tribal Advocate – 1-year certificate
- Class 7 – American Indian Language & Cultural Specialist – 1-year certificate
- Building Trades – 1-year certificate

#### Training (Less than one year)

- BHA Endorsement
- Solar Energy
- Plumbing
- Electrical
- Commercial Truck Driving/Heavy Equipment Operator
- Welding
- Flagger Training
- Emergency Medical Response/Emergency Medical Technician
- Other: \_\_\_\_\_

---

Applicants complete legal signature

Date

---

## Statistical Information

Providing the following information requested by this section is voluntary and the information provided is for statistical analysis only.

Gender:             Male  Female

Age Range:         18 > 25    26 > 36    37 > 50    51+

Marital Status:    Married         Single             Divorced

Are you a Veteran:  Yes  No

Number of Dependents: \_\_\_\_\_ Religious preference: \_\_\_\_\_

Has either of your parents(s) or guardian(s) completed a bachelor's degree?    Yes     No     Unsure

---

## Disclosure Information

In accordance with the Family Educational Rights & Privacy Act of 1974, the Registrar informs students that the college may disclose information from the educational record of a student who is or has been in attendance at Blackfeet Community College. The following information is considered by the college to be public in nature: Name, Address, Telephone number, year in school, major, scholarship(s) awarded, degree(s) conferred, Honor(s) granted, dates attended

Students have the right to refuse to permit the college from disclosing the above information. This is an "all or nothing" policy. The student may not select certain information or certain circumstances for non-disclosure. The student's name will not appear on any lists released to third parties, including honor rolls and will NOT receive emergency messages. ***Students must fill out a "FERPA Privacy Rights Request Form" (from the Registrar's Office) to refuse to permit the college to disclose the above information.***

---

## Media Release

I, the undersigned, consent and grant to the Blackfeet Community College, and its designees all rights to use my name, portrait, picture, photograph or likeness of same at its discretion for internal & external presentations and community development-related external promotions for BCC without further notice to me. I hereby waive any inspection or approval of any internal presentations and/or external community development related promotions in which my name/photos appears, and I release BCC from any liability for any claim of visual alteration, optical illusion or faulty mechanical reproduction. I hereby waive all legal claims to compensation or receipt of consideration from the rights granted by this consent and further acknowledgement that this consent is valid. I warrant and represent that I am over the age of eighteen and have given this consent voluntarily.

\_\_\_\_\_  
Applicants complete legal signature

\_\_\_\_\_  
Date

---

## Signature Verification

I, hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and non-academic, and the scholastic standards stated in the catalog. I further acknowledge that if I fail to adhere to these regulations or meet these requirement, my registration may be canceled.

If I am admitted to BCC, I agree to pay all tuition, fees, fines and debts to the college that may be incurred by me, I understand that BCC will take action against me to collect any unpaid debts, including withholding of registration, grades, transcripts, degree(s) and an assignment of the debt for collection, and I will be responsible to pay any costs incurred to collect the debt.

\_\_\_\_\_  
Applicants complete legal signature

\_\_\_\_\_  
Date