

Master of Public Administration Admission Application

Complete this application or download it at www.evergreen.edu/mpa

A nonrefundable application fee of \$50 in the form of a check payable to The Evergreen State College must accompany this form. Forward all materials to: **Admissions Office, The Evergreen State College, Olympia, WA 98505-0002.**

We begin accepting applications on September 1 for admission the following fall. Admission decisions will be made after the priority deadline of February 15. Applications received after that date may be considered if space is available. Your file must be complete before your application can be considered. International applicants must contact Admissions regarding additional requirements.

Please indicate the year for which you are applying.

**Fall
20**_____

Interest Areas/Areas Of Concentration (Select only one) ☐ **Public & Nonprofit Administration** ☐ **Public Policy** ☐ **Tribal Governance**

Have you ever applied for admission to Evergreen? ☐ No ☐ Yes Year/Term _____

Have you previously attended Evergreen? ☐ No ☐ Yes Year/Term _____

*If yes, please note that current and former Evergreen students must request their Evergreen transcript from the Office of Registration and Records.
There is a \$10 copying fee for this service payable by check to The Evergreen State College.*

Baccalaureate degree earned/expected from _____
Name of Institution Date Conferred Major

How did you hear of the Evergreen Master of Public Administration Program? ☐ MPA website ☐ Evergreen staff, student or faculty
☐ Other website _____ ☐ Information Session (when/where?) _____
☐ Graduate or Career Fair (when/where?) _____ ☐ Other _____

PERSONAL DATA

Social Security Number _____ **Evergreen ID#** **A** _____
(If you previously attended Evergreen)

By law, providing your Social Security Number is optional, but it speeds up the processing of your admission and financial aid applications. It may also be used for educational research purposes. Releasing student information will be in accordance with all appropriate state and federal laws. Institutions using the SSN as the student ID will assign alternate numbers upon request.

☐ **Female** ☐ **Male**

Legal Name _____
Last First Middle Jr., etc.

Former Name(s): _____
Last First Middle Jr., etc.

Mailing Address _____ Apt. _____
City _____ State _____ Zip _____

All admissions correspondence will be sent to the mailing address. Notify the Office of Admissions two weeks prior to a change of mailing address.

Permanent Address _____
(if different from above)

Phone (_____) _____ **Alternate Number** (_____) _____

E-Mail Address _____

Date of Birth _____ **Birthplace** _____
Month/Day/Year City State Country if other than U.S.

Are you a resident of Washington state? ☐ No ☐ Yes:* from _____ to _____
Month/Day/Year Month/Day/Year

** If yes, you must include dates of your most recent continuous residence in Washington.*

Are you a U.S. citizen? ☐ Yes ☐ No: list country, visa type, date granted _____

What is your country of permanent residence? _____

Are you a U.S. military veteran? ☐ No ☐ Yes **Active duty?** ☐ No ☐ Yes **Separation date (mo/yr)** _____

Are you the child of a deceased veteran? ☐ No ☐ Yes

ACADEMIC HISTORY

List all universities, colleges and community colleges attended in order of attendance (no exceptions). Please add separate sheet if needed.

Institution	City/State	Dates Attended (mo/yr)	Degrees/Majors/Focus
		From _____ to _____	
		From _____ to _____	
		From _____ to _____	
		From _____ to _____	
		From _____ to _____	

Have you taken a statistics course in the past five years? ☐ No ☐ Yes _____
(if yes, indicate dates mo/yr and institution)

REFERENCES List two references who will be sending letters of recommendation on your behalf:

Name	Organization or Institution	Phone number (include area code)
1. _____		
2. _____		

APPLICATION CHECKLIST

All items must be submitted to the Admissions Office. Your file must be complete before your application will be considered. This checklist is provided for your convenience. Consult www.evergreen.edu/mpa for complete details on the admission process and requirements.

Please ensure that your application includes the following:

- ☐ MPA Admission Application Form.
- ☐ Application fee (nonrefundable) of \$50 payable to The Evergreen State College.
- ☐ Official transcripts from each and every college or university attended (including Evergreen; please make transcript request through Registration and Records), regardless of credit earned, the nature of course work or whether you received a degree.
- ☐ A chronological résumé listing all positions in the past 10 years. Emphasize how each position relates to your proposed graduate work and any duties that you feel might satisfy the public sector internship requirement. Include any significant public and community activities. Limit your résumé to two pages.
- ☐ An essay of no more than three double-spaced pages explaining why you want to pursue graduate work in public administration at Evergreen.
- ☐ An essay of no more than five double-spaced pages addressing a public policy issue of interest to you.
- ☐ Two letters of reference that speak directly to your potential and ability to pursue and complete graduate level work.

In signing this form, I understand that failure to submit complete official transcripts from all schools, colleges or universities attended may result in denial of this application or my subsequent dismissal from this institution. I certify that, to the best of my knowledge, all statements I have made are complete and true. I hereby give permission to release appropriate information (e.g., test scores and academic records) requested by The Evergreen State College. **I understand that my application is incomplete without my signature below.**

Print Name

Signature

Date

Additional information

- Persons with disabilities requiring accommodation or assistance in the application process may contact Access Services for Students with Disabilities at (360) 867-6348, or (360) 867-6834 TTY. This publication will be made available in alternate formats upon request. These phone numbers may be accessed through the Washington State TDD Relay Service at (800) 833-6388.
- The Evergreen State College subscribes to the principles and laws of the state of Washington and the federal government, including applicable executive orders pertaining to civil rights. Evergreen is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, status as a disabled veteran or Vietnam-era veteran, gender or sexual orientation.
- Be sure to make copies of your application materials before submitting them. Application materials become the property of The Evergreen State College and cannot be returned, forwarded or copied after we receive them.

ETHNIC AND RACIAL INFORMATION (OPTIONAL)

While providing ethnic and racial information is voluntary, we hope you will do so. The information that you and other applicants provide is vitally important to the College, as we use it to assess how well we are meeting our commitment to equal access to our institution. This information is used for statistical purposes only and will not be considered in admissions decisions.

Are you Hispanic in origin?

☐ **No, I am non-Hispanic in origin.**

☐ **Yes, I am Hispanic in origin.** (select one or more)

- | | | | | | |
|--------------------------------------|---|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Ecuatorian
(Ecuadorian) | <input type="checkbox"/> Mexican or
Mexican-American
(Chicano) | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Colombian | | | | | |
| <input type="checkbox"/> Costa Rican | | | <input type="checkbox"/> Other Hispanic Origin _____
Please specify | | |

How do you describe your race? (select one or more)

Please indicate whether you are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White below, and where applicable, select additional boxes that specify your race in the particular sub areas accordingly.

☐ **American Indian or Alaska Native**

American Indian (select one or more)

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Quinault |
| <input type="checkbox"/> Chinook | <input type="checkbox"/> Lummi | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Makah | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Duwamish | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Snoqualmoo |
| <input type="checkbox"/> Kikiallus | <input type="checkbox"/> Quileute | <input type="checkbox"/> Spokane |

☐ Other American Indian _____
Please specify

Alaska Native (select one or more)

- | | |
|--|---|
| <input type="checkbox"/> Alaska Aleut
(Unangan) | <input type="checkbox"/> Alaska Eyak |
| <input type="checkbox"/> Alaska Alutiq | <input type="checkbox"/> Alaska Haida |
| <input type="checkbox"/> Alaska Athabaskan | <input type="checkbox"/> Alaska Tlingit |
| <input type="checkbox"/> Alaska Eskimo
(Inupiaq or Yupik) | <input type="checkbox"/> Alaska Tsimshian |
| <input type="checkbox"/> Other Alaska Native _____
Please specify | |

☐ **Asian** (select one or more)

- | | | | | | |
|---|-------------------------------------|--|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Maldivian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Laotian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Madagascar | | | |
| <input type="checkbox"/> Cambodian (Kampuchean) | <input type="checkbox"/> Malayan | <input type="checkbox"/> Other Asian _____
Please specify | | | |

☐ **Black or African American**

☐ **Native Hawaiian or Other Pacific Islander** (select one or more)

- | | | | | | |
|---|--|--|---|---|---|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshall Islander | <input type="checkbox"/> Papua New Guinean | <input type="checkbox"/> Solomon Islander | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Vanuatuan (New
Hebrides Islander) |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Ponapean
(Pohnpeian) | <input type="checkbox"/> Tahitian | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tarawa Islander | <input type="checkbox"/> Trukese (Chuukese) | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Palauan | | <input type="checkbox"/> Other Pacific Islander _____
Please specify | | |

☐ **White** (includes people of European, Middle Eastern, or North African descent)