

Application Instructions and Procedure: Read Carefully and execute as instructed.

Admission to the college is based upon a careful evaluation of each individual's application file, including supporting documents. The application and all supporting documents must be received **before** an admission decision can be determined. Registration for classes, dorm room assignment, and arrival on campus is limited to those who have been granted approval for admission, including receipt of down payment.

To ensure confidentiality, all documents contained in the applicant's file are the property of the college and will not be returned or reproduced for the applicant or other interested persons

Upon receipt of the completed application and all supporting documents, the applicant will be notified within four (4) weeks of the enrollment decision of the Admissions Committee. The college reserves the right to require a personal interview before a final decision is reached.

APPLICATION SUBMISSION DEADLINES:

Fall Semester

August 1st of the same semester year.

Spring Semester

November 30th of the previous semester year

Enrollment Requirement

Admission to Christian Life College requires successful completion of high school or equivalent. The minimum required GPA is 2.0. A GPA of 1.99 to 1.7 may be admitted on a provisional basis, only. (Academic Probation, restrictions apply)

APPLICATION PROCESS

The completed application must be accompanied by a non-refundable application fee, a 500 word statement of purpose, SAT/ACT official test score, medical form with physician signature, pastoral endorsement, two personal reference letters, official transcript(s), and current professional photo. Photo copies are not acceptable

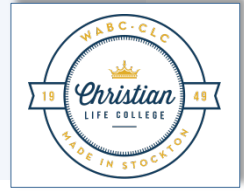
REVIEW, CHECK WHEN COMPLETE, AND SUBMIT ALL APPLICATION DOCUMENTS. NUMBERS 1-10 ARE REQUIRED DOCUMENTS.

1. **APPLICATION** complete* the attached application for admission. *(including signatures)*
*Please note: Incomplete application documents will not be processed.
2. **APPLICATION FEE** \$30 make payment online at www.clc.edu -
3. **STATEMENT OF PURPOSE**
Submit an essay of minimally 500 words, a statement of the current status of call and commitment to Christian education and ministry. The statement should include: conversion experience, family background, your spiritual development, your call to ministry, including spiritual and educational goals. This essay must be submitted in digitally executed text files. (.doc, .docx, .pages, .pdf, etc.) Handwritten is not acceptable.
- 4-6. **REFERENCE LETTERS** *(send enclosed reference forms and letter request to your pastor and persons of choice.)*
 - ONE (1) Pastoral Endorsement Letter. The letter must be completed by the applicants Senior Pastor. This letter should reference the nature of the applicant's Christian character and commitment to ministry. Endorsement should be executed on church letterhead, attached to the enclosed Pastoral Reference form.
 - TWO (2) General Reference letters. Both letters are required from persons other than relatives who have known the applicant, personally, for at least two years. Reference letter should accompany the enclosed, completed General Reference form.
7. **OFFICIAL TRANSCRIPT(S)** *(request forms enclosed for your convenience)*
Applicants must request an official transcript from his/her high school or college. Official Transcripts are required, must be mailed from the originating Institution, and accompanied by the official Institution seal or an official stamp. Photo copies of the transcripts are not acceptable.

- 8. **SAT OR ACT** A complete application requires that test results are submitted during the application process.
 - 9. **HEALTH, IMMUNIZATION AND INSURANCE FORM** *(form enclosed)*
On-Campus applicants are required to complete the Medical Information document provided in the application package. Medical forms include detailed instructions for completion, including a required signature from applicant's physician.
Disclosing specific medical conditions or disabilities under the "Medical Disclosures" portion of the form is optional and not a requirement of enrollment or housing. Any information disclosed on the form is kept strictly confidential. Please include copies of immunization card or documentation and health insurance card.
 - 10. **PHOTO** Submit a current professional self-portrait. Photo copies are not acceptable.
 - 11. **CONSENT & AUTHORIZATION FORM** – Form included in the application packet. Please return a fully executed, initialed and signed, original document.
 - 12. **VEHICLE REGISTRATION FORM** (optional) Complete and submit vehicle form ONLY if you plan to bring a vehicle on campus.
-

Mail all documents to:

Christian Life College
Office of Admissions
9023 West Lane
Stockton, CA 95210



APPLICANT Carefully read the following and if in agreement sign and date as indicated

I freely and willingly enter into this consent and authorization covenant agreement with Christian Life College (CLC). I understand that CLC is a community of Apostolic Pentecostal believers who have joined together for the purpose of Biblical study, academic advancement, ministerial training, personal development and spiritual growth. In consideration of my enrollment as a student at CLC I covenant and agree as follows:

1. I understand that it is not the purpose of CLC faculty and staff to serve as my parents or as a police force and that a trust must exist between me and CLC with respect to my conduct and behavior.
_____ initial.
2. While a student at CLC, I covenant and agree to conduct myself both on and off campus in a manner consistent with an Apostolic Pentecostal Christian.
_____ initial.
3. I agree to abide by the provisions and requirements contained in the CLC Student Handbook and to abide by the directions of the CLC faculty and staff.
_____ initial.
4. I understand and agree that CLC has the right at any time to suspend or terminate my CLC enrollment or participation in activities sponsored or sanctioned by CLC for any of the following: (1) my failure to behave or act in accordance with the Student Handbook, (2) my failure to respectfully follow the instructions of CLC faculty and staff, or (3) for any conduct deemed by CLC faculty or staff to be incompatible with the interests or harmony of the religious and educational purposes of CLC. If my enrollment or participation in any such activity is terminated, I understand that any payment made for any enrollment and/or activity may not be refunded and that I will continue to be responsible for any outstanding balances due on my account with CLC.
_____ initial.
5. I am aware of the various activities sponsored or sanctioned by CLC including ministerial, educational, residential, social, and recreational activities. I am also aware of the potential hazards and risks to me and to my personal property in connection with my participation in such activities, including the risks associated with activity related travel. I voluntarily desire to participate in such activities and, subject to any available insurance coverage, and only with respect to CLC and its faculty and staff, I voluntarily assume all risks associated with such activities. Further, I understand and agree that neither CLC nor its faculty or staff shall be responsible for any damage, loss or theft of any personal property (including any motor vehicle or musical instrument) belonging to me or in my possession whether such damage, loss or theft occurs on the premises of CLC or not.
_____ initial.
6. I am physically fit and currently have no known physical, emotional, or mental condition that would impair my ability to participate in coursework or other CLC sponsored or sanctioned activities. I agree to promptly notify CLC faculty and staff of any change in my ability to participate in any such coursework or activity.
_____ initial.
7. I understand and agree that CLC does not provide health insurance coverage for me and that if I desire health insurance coverage, I am responsible for obtaining and for the cost of any such insurance. _____
initial.
8. I agree to, authorize and approve the use of any audio, visual and other recorded depiction of my name, likeness and voice captured or taken during any CLC sponsored or sanctioned activity (including classes, class projects, services, conferences, tours, performances and recordings) for the purposes of promotion, sale, fundraising, or any other use in furtherance of CLC's religious and educational purposes.
_____ initial.

9. Finally, I consent, authorize and release CLC faculty and staff to disclose to and discuss with the individuals listed below the following:
- a. (1) information concerning my academic performance, including class attendance and grades received, _____ initial.
 - b. (2) information concerning my spiritual development, including any behavior that may reflect on my spiritual development, my moral character and conduct, and my fitness for Christian ministry, and _____ initial.
 - c. (3) financial information in CLC's possession pertaining to me, including the payment or delinquency of balances due on my account with CLC. _____ initial.
- Any such disclosure and discussion may be made at the discretion of CLC faculty and staff to the following: (1) my parent(s), (2) my Pastor, (3) the officials of any church or ministry at which I seek to minister or teach and (4) the officials of any religious organization to which I apply for ministerial license or through which my ministerial license may be maintained.
- _____ initial

I have carefully read this Consent & Authorization and understand and agree to its contents. I covenant and agree to wholeheartedly apply myself to my coursework, personal development and spiritual growth, and to conduct myself at all times in a manner befitting an Apostolic Pentecostal Christian.

Applicant's Signature _____ Date ____ | ____ | _____

Printed Name _____

FINANCIAL INFORMATION

NAME OF PERSON responsible for school bill: _____ / _____
Last *First*

Relationship to Student: Self-Pay Parent Pastor Other: _____

Employment: Yes, I will need to find job No, I will not need a job
 I will be transferring from my current job

NOTE: A Down Payment is required by all new and returning students: (choose an option, below)

- Full Time/On-Campus Student – Down Payment minimum \$2550 – DUE 10 days prior to arrival
- Full or Part Time/OFF-Campus Student – Down Payment minimum 1/3 of total tuition and fees – based on number of credits/units – DUE at registration.
- Online School Student – Down Payment minimum 1/3 of total tuition and fees – based on number of credits/units – DUE at registration.

FAMILY AND EMERGENCY INFORMATION

Father/Guardian: _____ / _____ / _____
Last *First* *Middle Initial*

Phone: Home (____)-____-____ Cell (____)-____-____

Street Address: _____ Apt. # _____

City: _____ **State:** _____ **Zip:** _____

Mother/Guardian: _____ / _____ / _____
Last *First* *Middle Initial*

Phone: Home (____)-____-____ Cell (____)-____-____

Street Address: _____ Apt. # _____

City: _____ **State:** _____ **Zip:** _____

EMERGENCY INFORMATION To whom should emergency calls or correspondence be directed?

Name: _____

Relationship (if other than parent): _____

Phone: Home (____)-____-____ Cell (____)-____-____

Email Address: _____

PASTOR INFORMATION *(the college will request a recommendation from your senior pastor)*

Senior Pastor: _____ / _____
Last First

Church Name: _____

Church Affiliation: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Church (____)-____-____

Pastor Email Address: _____

CHURCH INFORMATION *(APPLICANT QUESTIONS)*

How long have you attended: **Years:** _____

1. Have you been baptized in the name of Jesus? Yes No Date: _____

2. Have you received the Holy Ghost as in Acts 2:4? Yes No Date: _____

3. Describe any church responsibilities and/or leadership roles held:

4. List any instruments that you play in church:

5. To what type of ministry do you feel called?

PERSONAL REFERENCES *(Non-family – the college will request a letter from each listed)*

Reference #1: _____ / _____
Last First

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Email: _____

Reference #2: _____ / _____
Last First

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Email: _____

EDUCATION INFORMATION

High School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

High School Graduate? Yes No Date: _____ Honor Received: _____

College: _____ Major: _____

Street Address: _____

City: _____ State: _____ Zip: _____

College Graduate? Yes No Date: _____ Honor Received: _____

1. Are you currently enrolled in school? Yes No
2. Were you ever expelled, dropped, or suspended by any school or college? Yes No
If answer is affirmative, please give complete details on a separate sheet of paper.

Health Information:

See attached, Student Health History and Insurance Assessment Form

Are you covered by health insurance? Yes No *Note: Please provide proof of insurance on Health Form*

Certification:

I certify that all information submitted in the admission process; including the application, the personal essay, the consent and authorization form, all supplemental documentation, and any other supporting materials is my own work, factually true, and honestly presented.

I hereby agree to abide by the rules and policies of Christian Life College.

Signature of Applicant: _____ Date _____

Parent/Guardian's Signature _____ Date _____
(Required if under age 18)

OFFICIAL USE ONLY

Application Fee PAID AMT \$ _____ Student Number: _____

Date Entered: _____ Entered by: _____

Gift Certificate: \$ _____ Representative/Event: _____

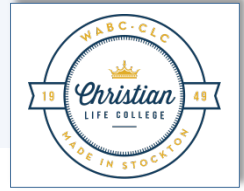
Student Referred by: _____

Application Reviewed by Admissions Committee: Accepted Denied Date: _____

Acceptance Letter Sent: _____ Date: _____

Final Section Information *in reference to: "Who or what influenced you to apply for admission to Christian Life College?"*

If parent:	Is he or she an alumnus of CLC/WABC?	Yes_____	No_____
If pastor:	Is he or she an alumnus of CLC/WABC?	Yes_____	No_____
If friend:	Is he or she a former or current student of CLC?	Yes_____	No_____
If conference:	Which conference did you encounter our display?	_____	Year_____
If Internet:	Which platform did you view our promotions?	_____	
If SOS Tour:	Where and when did you encounter our group(s)?	_____	Year_____
If Xperience:	Where did you hear about Xperience?	_____	



Single page form

Dear _____
I am applying to Christian Life College for student admission for school year _____/_____ (insert years)

As I work toward the completion of my application, it is important for me to identify the individuals best equipped to write letter of recommendation on my behalf. Clearly, your name came to mind as one who would have the best/clearest perspective on my experiences and abilities; and so I am requesting your support in my efforts to continue my education.

You have contributed greatly to my life, and I would greatly appreciate your help and feel that your recommendation will help me successfully complete the application process; and ultimately enrollment.

Please complete and send this form, including a brief recommendation letter to:
Christian Life College | Office of Admissions | 9023 West Lane | Stockton, California 95210.

A self-addressed envelope is included for your convenience.
Thank you very much for your assistance. Applicant Name: _____

1. How long have you known the applicant? _____
How well do you know the applicant? Very well Moderately well Slightly

2. What has been your relationship to the applicant? (check as many as apply)
 Family Friend Professional colleague Mentor School Official

3. Please rate the applicant in each of the following areas:.

	Superior	Above Average	Average	Below Average	Not Applicable
Ability to work with others					
Dependability					
Emotional Stability					
Leadership					
Personal Integrity					
Spiritual Maturity					
Overall Evaluation					

4. Please include additional comments about your perception of the student's fit for Christian Life College:

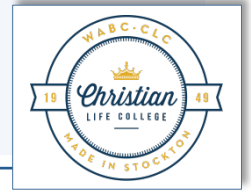
DOES THE APPLICANT IMPRESS YOU AS ONE WHO SHOULD BE ADMITTED TO CHRISTIAN LIFE COLLEGE?
 No Yes, but with some reservations Yes, without a doubt

I HAVE INCLUDED MY PERSONAL RECOMMENDATION LETTER.
 Yes No

PRINT Name: _____

Signature: _____ Phone: _____

Email Address: _____ Date: _____



Dear _____
I am applying to Christian Life College for student admission for school year _____/_____ (insert years)

As I work toward the completion of my application, it is important for me to receive a recommendation letter from you, my senior pastor.
I sincerely appreciate you taking the time to assist me in my pursuit of higher education and ministry.

Please complete and send this form, including a brief recommendation letter to:
Christian Life College | Office of Admissions | 9023 West Lane | Stockton, California 95210.

A self-addressed envelope is included for your convenience.
Thank you very much for your assistance. Applicant Name: _____

To the Senior Pastor:

1. How long have you known the applicant? _____ In what relationship? _____
2. Is the applicant's lifestyle uncompromising and separated from worldliness? _____
3. Do you consider this person to be a dedicated Christian? _____ How long? _____
4. To your knowledge has the applicant ever been incarcerated? _____ Why? _____
5. Has applicant ever backslidden, and/or involved in immorality? _____ If yes, explain _____
6. Has applicant ever been married? _____ Divorced? _____ Separated? _____

For the following items, please check appropriate boxes. If appropriate, more than one space may be checked per category

7. HOW DOES HIS/HER MANNER, APPEARANCE AND PERSONALITY AFFECT OTHERS?
a. Avoided by others Tolerated by others Well-liked by others Sought out by others
8. IS HE/SHE A LEADER IN YOUR CHURCH? IF YES, WHAT DEPARTMENT/POSITION? _____
a. Makes no effort Tries but limited ability Has leadership promise Marked ability to lead
9. HOW IS THE APPLICANTS SPIRITUAL LIFE?
a. Very Poor Needs Improvement Good Great and growing Strong, very spiritually mature
10. HOW IS THE APPLICANTS INTEGRITY, MORALITY AND TRUSTWORTHINESS?
a. Poor Adequate Good Exemplary
11. HOW WOULD YOU RATE THE APPLICANT'S FAITHFULNESS TO CHURCH?
a. Rarely attends Only special occasions 50% of the time 100% of the time
12. HOW WOULD YOU RATE THE APPLICANT'S PERSEVERANCE (in task completion)
a. Gives up easily Needs much encouragement Usually persists Persists in spite of adversity
13. DOES THE APPLICANT IMPRESS YOU AS ONE WHO SHOULD BE ADMITTED TO CHRISTIAN LIFE COLLEGE?
a. No Yes, but with some reservations Yes, without a doubt

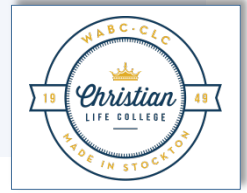
NOTE: I HAVE INCLUDED MY PERSONAL RECOMMENDATION LETTER ON LETTERHEAD.

Yes No If No, why? _____

PRINT Name: _____

Signature: _____ Phone: _____

Email Address: _____ Date: _____



3 page form

Last Name: _____ First Name: _____ Middle Initial: _____
 ID#: _____ Date of Birth: ____/____/____ Age: ____ Gender: Male Female

1. IMMUNIZATION RECORD

PLEASE SUPPLY DATES OF IMMUNIZATIONS AND PLEASE UPDATE IF NEEDED

Tetanus-Diphtheria (booster within the last 10 years) _____
 MMR (Measles, Mumps, Rubella) Dose 1 _____ Dose 2 _____ (two dates required)
 Measles (Rubeola): disease date _____ Mumps: disease date _____ Rubella: disease date _____
 Polio: Completed primary series? (4 dates) Yes ____ Date of last booster _____ If NO, get completed series.
 Hepatitis A Dose 1 _____ Dose 2 _____ (two dates required)
 Hepatitis B Dose 1 _____ Dose 2 _____ Dose 3 _____ (three dates required)
 Mantoux Tuberculosis Test (within the past year) Date Applied _____ Date Read _____ Results _____
 If POSITIVE, must have chest x-ray within 2 years. Date of CXR _____ Results _____
 Menactra A/C/Y/W - 135 (Meningococcal vaccine) _____

2. VERIFICATION BY CLINICIAN OF PAST INFECTION (CLINICIAN-PLEASE INDICATE MONTH AND YEAR)

Measles _____ Rubella _____ Hepatitis B _____
 _____ Clinician Signature _____

3. BLOOD TEST In lieu of vaccinations, you may provide proof of immunity by checking the appropriate box(es) and **attaching lab results to this form.**

Serologic confirmation (blood titer) of immunity **attached:** Measles Rubella Hepatitis B

4. MEDICAL EXEMPTION (Physician/Clinician please check appropriate box)

I certify that the medical circumstances of the above-named student contraindicate immunization against:

Measles & Rubella Hepatitis B

 Physician/Clinician signature Date Clinic stamp, where applicable

5. OTHER EXEMPTION (Religious or personal exemption-must be reviewed with the health center director by appointment only.)

a) I request a personal/religious exemption from vaccinations for the following reason:

 Student Signature: _____ Date: _____ Director Signature: _____

OR

I certify that I was born prior to January 1, 1957, and attended primary and secondary school in the United States, will not reside in a campus residence hall (dorm) and will not work with pre-school age children or health care patients as part of my college experience.

Student Signature: _____ **Date:** _____

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature: _____ **Date:** _____

Emergency Contact in the USA:

Last Name _____ First Name _____

Relationship _____

Address _____

Apt# _____ City _____ State _____ Zip _____

Phones (WK/HM/CELL) _____

Allergies:

Medications _____

Others: _____

Medical Alerts:

Student Signature _____ **Date** _____

Health Insurance Information - For School Year 2017 - 2018

Christian Life College suggests that ALL College students enrolled in 7 units or more, or living in on-campus housing, have health insurance.

STUDENT HEALTH INSURANCE

I have viable health insurance with:

Insurance Company: _____ Policy Number: _____

A copy of your medical insurance card (front and back) must be provided.

Please answer the following questions and sign below:

Is this a family policy? No ___ Yes ___ Are you covered after age 18? No ___ Yes ___

Are you covered for accident? No ___ Yes ___ Are you covered for sickness? No ___ Yes ___

Does your policy cover visits to the doctor's office? No ___ Yes ___ Will your policy pay total costs? No ___ Yes ___

Are there geographic limitations No ___ Yes ___ with prescription costs? No ___ Yes ___

Student Signature _____ **Date** _____

(Signature of Parent/Guardian if student is under 18 years of age)

ENTRANCE IMMUNIZATION REQUIREMENTS

Christian Life College Board of Directors requires that:

1. **ALL STUDENTS born on or after January 1, 1957**, show proof of full immunization against measles (rubeola) and rubella. Certain groups of students **regardless of age** must also show proof of full immunization. These groups include: students who attended K-12 school outside the US, students who have lived outside the US at any time during the last 10 years, and all students who will live in the campus residence hall.
2. All new enrollees who are **18 years of age or younger** show proof of having completed a 3 dose series of immunizations against Hepatitis B.

Immunity to Measles (Rubeola) and Rubella means:

Two doses of measles and rubella given individually or in combination (MR or MMR) at or after 12 months of age and at least one month apart.

Immunity to Hepatitis B means:

Three doses of Hepatitis B vaccine given over a period of approximately 6 months.

Compliance with these requirements can be met in the following ways and **needs to be completed prior to your next registration period:**

A. Submit Documentation

Send one or more of the following documents **to the Admissions Office** with your name and Student ID# clearly indicated on each document submitted:

- An Immunization report; **completed by your physician or health care provider**
- A photocopy of your childhood immunization record
- A photocopy of your California High School transcript **IF** immunization information is documented on transcript
- A copy of a lab report showing proof of immunity by blood titer

B. Be Immunized

If you don't have documentation, be immunized at:

- Your family physician
- A local clinic or County Public Health Department

C. Request a waiver or exemption

- **Medical:** If your medical circumstances contraindicate immunization, have your **physician check and sign #4 on the first page of this document.**
- **Religious:** State law permits exemption from immunization for those who object to immunizations on religious or personal grounds. These waivers are handled on a case-by-case basis and require an appointment with the Director of Admissions for approval.

D. Student Statement of Exemption

If you were born prior to January 1, 1957, and attended K-12 in the US, have not lived outside the US at any time during the last 10 years, and will not reside in a campus residence hall (dorm), **please sign #5 on first page of this document.**

Mail or FAX your completed forms and documentation to:

Christian Life College • Admissions Office • c/o Laird Sillimon

9023 West Lane • Stockton, CA 95210 • FAX: (209) 952-5795

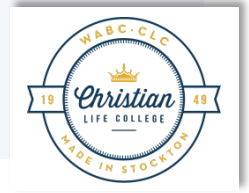
Or email your completed forms and documentation to: admissions@clc.edu

OFFICIAL USE ONLY

Physician Signature _____ Date _____

Office Phone (____) _____ Address _____

Email _____ City, State, Zip _____



Two page form

Submit an essay of minimally 500 words, a statement of the current status of call and commitment to Christian education and ministry.

The statement should include:

- conversion experience,
- family background,
- spiritual development,
- call to ministry,
- spiritual and educational goals.

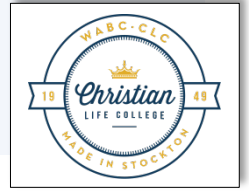
Attach essay to this form and submit to Christian Life College.

Essay must be digitally executed text files. (.doc, .docx, .pages, .pdf, etc.) Handwritten is not acceptable.

Student Name _____
Last First Middle

- I have completed and attached my essay to this cover page.
- I certify that my statement is a true and accurate representation of my background and goals.

Student's Signature Date



A. Name of High School _____

Address _____

Street

City

State

Zip

OR

B. Name of College _____

Address _____

Street

City

State

Zip

To: Institution Registrar

The student listed below is requesting official transcript(s) to be sent to Christian Life College as an admissions requirement. Thank you.

Please send my official transcript to:

Christian Life College
Office of Admissions
9023 West Lane
Stockton, CA 95210

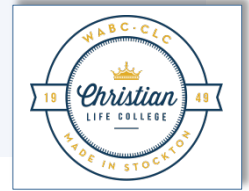
Student Name _____
Last First Middle

Address _____
Street City State Zip

Name(s) registered under _____ Date of Birth ____ / ____ / ____

Social Security # ____ - ____ - ____ I was a student from _____ to _____

Student's Signature Date



(Non official State of California Form)

Created for use of Christian Life College
Student Information ONLY

IDENTIFICATION NUMBER	YEAR MODEL	MAKE	LICENSE PLATE
STUDENT NAME		DRIVER LICENSE #	STATE WHERE ISSUED:
STUDENT SIGNATURE		BIRTHDATE	LICENSE EXPIRATION
I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.			
I further understand, agree and will adhere to all CLC and State of California policies regarding: parking lot speed limits, parking areas as designated, emergency vehicle red curb, and vehicle removal of non-working or non-insured vehicles. CLC reserves the right to fine and/or tow non-compliance vehicles.			

Please check appropriate state where vehicle is licensed:

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE
FL	IL	IN	KS	KY	LA	MA	MB	MD	ME
MI	MN	MX	NB	NC	ND	NE	NH	NJ	NL
NM	NS	NT	OK	ON	OR	PA	PE	QC	RI
SC	SD	SK	TN	VT	WA	WI	WV	WY	YT