

ENROLLMENT APPLICATION

Personal Data

Name: (Last) _____ (First) _____ (MI) _____

Street address _____ City _____ State _____ Zip _____

(_____) _____ - _____
Phone e-mail

Date of birth _____ Sex: Female Male Citizenship US Alien Other

Handicap that may affect your job limitations if any _____ Veteran (US): Yes No

Marital status: Single Married Separated Divorced Widowed

Housing during enrollment: With parents Own place (Renting/Buying)

Ethnic Group This information is required for statistical reporting to IPEDS, a contractor of the USDE.

1. Black 2. American / Alaskan Indian 3. Asian 4. Hispanic 5. White (not of Hispanic origin)

Educational Data

Diplomas, Certificates or Degrees earned that are equivalent and recognized by the United States educational system

HIGH SCHOOL: (please read carefully)

Check this box ONLY if you have completed U.S. High School or its equivalent

If you have not completed High School or its equivalent, provide last U.S. equivalent grade completed _____

Certificates, Diplomas or Degrees earned by the applicant: (Check as many as applicable)

High School Diploma/Certificate/Trade Associate Bachelor

Last School Attended _____ Graduation Date _____

Financial Aid History: Check this box ONLY if you have applied and/or received financial aid

Employment Experience

_____ To _____ Hr/Wk/Mo.
Current or last employment Position Held Dates of Employment Rate of Pay (circle one)

_____ - _____
Street address City State Zip Phone # Leaving Reason

Family Data and Emergency Contact

Father's

Mother's

Contact person in an emergency

| Name | Father's | Mother's | Contact person in an emergency |
|-------------|----------|----------|--------------------------------|
| Address | | | |
| City/St/Zip | | | |
| Phone | | | |

Personal Reference (You must provide complete references that are NOT family members)

| | | | |
|-------------|--|--|--|
| Name | | | |
| Address | | | |
| City/St/Zip | | | |
| Phone | | | |

How did you hear about our school? _____

What course of study are you interested in? _____

Males: Registered with Selective Service? Yes No

Females: Pregnant Yes No

I certify that all information on this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported.

Applicant's Signature: _____ Date: _____