

APPLICATION FORM

NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

LAST FOUR DIGITS OF SSN

ADDRESS 1

ADDRESS 2

PHONE NUMBER(S)

EMAIL ADDRESS

DO YOU NEED CHILD CARE ASSISTANCE TO ATTEND CLASSES?

YES NO IF SO, HOW MANY CHILDREN? _____

EDUCATION

HIGHEST GRADE COMPLETED

CURRENTLY IN SCHOOL?

GED RECIPIENT?

WORKING ON YOUR GED?

HAVE YOU EVER ATTENDED COLLEGE?

WHERE AND WHEN?

WHY DID YOU STOP?

EMPLOYMENT/TRAINING

SKILL/OCCUPATION

EMPLOYED FULL TIME EMPLOYED PART TIME

UNEMPLOYED VOLUNTEER

ENROLLED IN OTHER PROGRAMS? YES NO

NAME OF PROGRAM(S)

Please attach a **paragraph** with this application form, describing yourself, your interests, why you want to attend the course, how this might fit into your plans for advancing your education and your ability and readiness to commit yourself to a nine-month college program.