

Date of Application: _____

School location: _____

PERSONAL DATA

1. _____
Full Legal Name: Last First Middle
2. _____
SSN (optional for State use only)
3. _____
Previous Name: Last
4. Gender: Female Male
5. _____
Street Address
- _____
- City State Zip Country
6. Home Phone (_____) _____ 7. Date of Birth (month/day/year) ____/____/____
8. Email: _____ 9. Disability Y/N: _____
9. Is English your native language? Yes No. If no, native language: _____

EMERGENCY CONTACT INFORMATION

10. _____
Last First Middle
- _____
- Street Address
- _____
- City State Zip Phone

PREVIOUS EDUCATION

11. Highest grade completed:
- _____ Less than high school graduation
 - _____ High school graduate _____ Date Graduated
 - _____ GED _____ Date Attained
 - _____ Some post HS no degree or certificate
 - _____ Some post HS certificate
 - _____ Degree _____ Type _____ Date Graduated

12. List all pertinent schools/training programs you have attended since high school.

School name	Program of Study	Date attended	Graduation Date

PREVIOUS EMPLOYMENT INFORMATION

13. Are you currently employed? Yes No

14. List your employment history below, starting with the most recent or current employer.

Employer	Duties Performed	Employment Dates	Reason for leaving

FINANCIAL INFORMATION

15. How do you intend to pay for your training program?

Cash/Check Visa/MasterCard Loan (not federally guaranteed) Other _____

16. Are you eligible for any of the following financial aid programs?

Veterans Administration Voc Rehab WIA TAA/TRA

Program Counselor: _____ Telephone: _____

TRAINING PROGRAM INFORMATION

17. What training program are you interested in pursuing? _____

18. Why do you believe you will be successful in this program?

19. If accepted, when do you plan to start? _____

20. How did you hear about our school? _____

Race: Washington State residents only

21. Are you of Hispanic descent: Yes No (circle one)

<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other
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I attest that the above information is true and correct:

Signed Date

For office use only:	
Date Received: _____	Application Fee Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable: Typing Speed: _____	Admission Test Score: _____
Date Processed: _____	Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied