



Student ID: _____

Signature

I certify that the information I provide here is accurate:

Applicant Signature

Date

☐ I received copies of the "Grievance Procedures" and "Veteran's Priority of Service" policies.

Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

Email: _____

Personal Information

Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list country of citizenship and registration number: _____
Race/Ethnicity (check all that apply): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
Social Security #: _____		DOB: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Educational and Employment Information

Highest Level of Education Attainment (select one): <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree				
Please identify the program of study you are currently enrolled in (select one): <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Non-credit program <input type="checkbox"/> Other			<input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student	Do you have, or are you eligible for, a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving benefits under the Trade Adjustment Assistance program: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If, yes:	_____ Employer Name	_____ Hours per week	_____ Salary	_____ Start Date
_____ Work Phone				
If Employed: are you Underemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Underemployed, Reason(s): <input type="checkbox"/> Working part-time <input type="checkbox"/> My earnings are less than \$19.96/hr with benefits or \$21.78/hr without benefits <input type="checkbox"/> Working full-time, but duties and/or salary are not commensurate with my skill level <input type="checkbox"/> Working full-time, but duties and/or salary are not commensurate with my educational level		

Veteran Status

☐ I am not a veteran ☐ I am the spouse of a veteran

☐ I AM a veteran

Branch of Service

Date of Discharge

Type of Discharge