



BALDY VIEW REGIONAL OCCUPATIONAL PROGRAM ADULT APPLICATION

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CURRENT ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE		MOBILE PHONE		WORK/OTHER PHONE	
EMAIL ADDRESS		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE/STATE ID/FEDERAL ID	
RACE/ETHNICITY- CHECK ONLY <u>ONE</u> - (Descriptions on back) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> TWO OR MORE RACES <input type="checkbox"/> DECLINE TO STATE		CITIZENSHIP STATUS <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ELIGIBLE NON-CITIZEN <input type="checkbox"/> NON-CITIZEN		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/REMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED OR WIDOWED	
PREVIOUS EDUCATION					
WILL YOU BE A HIGH SCHOOL GRADUATE BEFORE THE START OF YOUR PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME OF LAST HIGH SCHOOL ATTENDED		CITY	STATE	ZIP CODE	GRADUATION YEAR
HAVE YOU RECEIVED AN <input type="checkbox"/> EQUIVALENCY DIPLOMA _____ <input type="checkbox"/> GED		DATE OF ISSUE	HAVE YOU PREVIOUSLY ATTENDED BVROP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LAST ATTENDED (MO/YR)
POST SECONDARY INSTITUTIONS ATTENDED AFTER HIGH SCHOOL					
SCHOOL NAME		CITY	STATE	FROM (MO/YR)	TO (MO/YR)
DEGREE(S)/CERTIFICATION(S) EARNED					
SCHOOL NAME		CITY	STATE	FROM (MO/YR)	TO (MO/YR)
DEGREE(S)/CERTIFICATION(S) EARNED					

MY SIGNATURE BELOW INDICATES THAT I CERTIFY THE INFORMATION I PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

PROGRAM (FOR SCHOOL USE ONLY)					
PROGRAM REQUESTED		START DATE		SCHEDULED COMPLETION DATE	
FINANCIAL AID ELIGIBLE PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO					
PROGRAM ID #	SEMESTER	YEAR	COURSE	LOCATION	
COURSE FEE \$	PAID \$	BALANCE \$	DAYS/TIME		
TOTAL CONTACT HOURS			TOTAL WEEKS		



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RACIAL/ETHNIC DESCRIPTIONS

Racial/ethnic designations as used in this form do not denote scientific definitions of anthropological origins. The categories are:

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.