

**Mid-East CTC, Adult Education**  
**400 Richards Road**  
**Zanesville, OH 43701**  
**740-455-3111 or 800-832-7545**



**APPLICATION FOR ADMISSION**  
**2019-2020**

Complete all parts of this form, front and back in blue or black ink, and sign where indicated

**PLEASE PRINT**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security No.      Last Name      First Name      MI      Maiden Name

\_\_\_\_\_  
 Street Address      City      State      Zip Code

\_\_\_\_\_  
 Telephone Number      Cell Phone Number      County of Residence

\_\_\_\_\_  
 E-mail address      Date of Birth

**SEX:**  
 Male     Female

**MARITAL STATUS:**  
 Single     Married     Widowed     Divorced     Separated

**RACE BACKGROUND: (Check all that apply!)**  
 African American     American Indian     Asian     Hispanic/Latino  
 Pacific Islander     Nonresident Alien     Race and ethnicity unknown     White

**SPECIAL POPULATION:**  
 Disabilities     Unemployed/dislocated worker (Disadvantaged)     Displaced Homemaker  
 Limited English Proficiency     Non-Traditional Training & Employment     Single Parent

**ECONOMICALLY DISADVANTAGED FAMILY/INDIVIDUAL:**  
 Please check this box if number of persons AND total income are AT OR below the dollar amounts shown below:

Person	Income
1.....	\$12,140
2.....	16,460
3.....	20,780
4.....	25,100
5.....	29,420
6.....	33,740
7.....	38,060
8*.....	42,380

\*Add \$4,160 for each additional person

**EMERGENCY CONTACT:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**I PLAN TO ENROLL IN:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Commercial & Residential Electricity | <input type="checkbox"/> Multi-Skilled Technician* | <input type="checkbox"/> Practical Nursing*               |
| <input type="checkbox"/> Diploma RN Program*                  | <input type="checkbox"/> Paramedic                 | <input type="checkbox"/> Security & Networking Technician |
| <input type="checkbox"/> Heavy Equipment Operator             | <input type="checkbox"/> Power Lineman             | <input type="checkbox"/> Welding                          |

***\*Diploma RN Program, Multi-Skilled Technician and Practical Nursing only!*** Have you ever been convicted of any violation of law by civilian or military court, other than minor traffic violations, regardless of the date of conviction (including sealed or expunged records)? Please mark correct response. Failure to disclose a criminal record will be considered falsification on this application.     Yes     No

If you marked **YES**, please explain: \_\_\_\_\_

Current Employer: \_\_\_\_\_

**If accepted into the Diploma RN Program, Multi-Skilled Technician, or Practical Nursing programs you will be fingerprinted!**

**BACKGROUND INFORMATION:**

Have you resided in Ohio for the past 12 months and/or do you otherwise meet Ohio residency requirements?  Yes  No  
If No -- list state of legal residence \_\_\_\_\_

Have you ever been subject to an involuntary civil commitment after completing a period of incarceration for a forcible or non-forcible sexual offense?  Yes  No

Have you been convicted for possession or sale of illegal drugs for an offense that occurred while you were receiving federal student aid?  Yes  No

Are you a US citizen?  Yes  No      Are you a US Veteran?  Yes  No

**EDUCATION INFORMATION:**

Are you or will you be a high school graduate?  Yes  No      Actual/projected graduation date: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

If you are not a high school graduate, have you passed the High School Equivalency test (GED, HiSet, TASC)?  
 Yes  No      Year Received: \_\_\_\_\_

***A copy of a High School or HSE grade transcript must be submitted before acceptance into a program.***

**Attended college?**  Yes  No      If yes, do you have a college degree?  Yes  No

Type of degree:  Technical Certificate  Associate  Bachelor  Master  Doctorate

**How did you hear about Mid-East CTC, Adult Education?** (select all that apply)  Website  Newspaper

Former Student  School Catalog  Radio  Friend/Family  Other \_\_\_\_\_

**Adult Education Record of Release**

**Mid-East CTC, Adult Education has my permission to release the following information:**

All of the following information  Attendance  Transcript of Grades  Final Evaluation  Financial Aid Information

**Mid-East CTC, Adult Education has my permission to release the above information to the following people:**

Anyone  Spouse  Parent/Guardian  Funding Agency

\_\_\_\_\_(Initial) I also authorize the Mid-East CTC, Adult Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the **Ohio Department of Higher Education and the Ohio Department of Job and Family Services**. The agency use of these records is limited to and in connection with the audit and evaluation of Federally-supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

My goal, in attending the Mid-East CTC, Adult Education, is to obtain an adult vocational certificate.

**I certify the information given is accurate to the best of my knowledge and recognize that deliberately giving false information on this form can be grounds for dismissal from school and could result in owing a refund on any Title IV Federal Financial Aid received.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**