

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:
 African American American Indian Asian Hispanic/Latino
 Pacific Islander Nonresident Alien Race and ethnicity unknown Two or more races 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"/> Welding |
| <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Power Lineman | |

****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** _____

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