

Application for Education and Training

Date _____

FOR FOCUS: HOPE USE ONLY:	Class Number _____
Student ID Number _____	Test Scores: (Reading) _____ (Math) _____ (Date) _____
	Test Scores: (Reading) _____ (Math) _____ (Date) _____

The following information is to be filled out by the applicant. Please fill in the blanks and check the most appropriate answer where applicable. Use numbers when entering dates. **PLEASE PRINT CLEARLY.**

Student Information

Name _____ Date of Birth _____
First, Last, Middle Initial Month/Day/Year

Present Address (Number & Street) _____

City _____ State _____ Zip code _____ County _____

Home Phone _____ Cell Phone _____

Alternate Phone _____ Email _____

Marital status: _____ **Number of Dependents:** _____
(Required)

Ethnic origin*: _____

Have you or a family member ever been in the military?* _____
er

If you were born in 1960 or after, are you registered with the Selective Service? (for males only) _____

Do you need special accommodations? If so, what accommodations do you need? _____

Do you have a DHS Case? _____
If yes, please check all that apply >

Do you consider yourself to have limitations speaking english? _____

Have you ever been convicted of a crime? _____

If yes, date of conviction _____

How did you find out about Focus: HOPE Programs? _____

Education History **What is your education status?**

High school _____ State _____ Year of graduation _____

training institution certificates earned _____

Degrees earned _____

College _____ State _____ Year of graduation _____

Employment History **What is your current employment situation? (Required)**

Please fill out the following employment history completely. List your last three employers or your last ten years of employment. If you do not have that much of an employment history, please indicate the reason in the employer name and address section. For example: "Full-time student" or "Full-time homemaker."

From _____ To _____ Employer Name _____ Position _____ Salary _____

Employer Address _____ Supervisor _____ Reason for leaving _____

From _____ To _____ Employer Name _____ Position _____ Salary _____

Employer Address _____ Supervisor _____ Reason for leaving _____

Student Emergency Information **(Must include one relative and one other contact)**

Name _____ Relationship: _____

Address (Number & Street) _____

City _____ State _____ Zip code _____ Phone: _____

Name _____ Relationship: _____

Address (Number & Street) _____

City _____ State _____ Zip code _____ Phone: _____

Doctor's name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Special medical information _____

What are your career goals? _____

Applicant's Certification

(The facts set forth on this page are true and complete. I understand that this application is not a guarantee of acceptance in any Focus: HOPE program. I further understand that admittance into a Focus: HOPE program will be denied if any statements in this application are found to be false.)

Applicant's name _____ Applicant's signature _____

Date _____