

# Application for Education and Training

Date \_\_\_\_\_

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

**Program:**  ITC  Flex-N-Gate  MTI  Earn & Learn  WIMTECH  
 Apprenticeship  Healthcare  Other \_\_\_\_\_

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:** (Required)  Single  Married  Divorced  
**Gender\*:**  Female  Male  
**Number of Dependents:** \_\_\_\_\_

**Ethnic origin\*:**  American Indian or Alaskan Native  Asian or Pacific Islander  Black (not Hispanic)  Hispanic  
 Middle Eastern  White (not Hispanic)  Other \_\_\_\_\_

**Have you or a family member ever been in the military?\***  
 Yes  No If yes,  Self  Family Member

**If you were born in 1960 or after, are you registered with the Selective Service? (for males only)**  
 Yes  No

**Do you need special accommodations? If so, what accommodations do you need?**  Yes  No

**Do you have a DHS Case?**  Yes  No

If yes, please check all that apply below:  FAP (Food)  FIP (Cash)  MA (Medicaid)  Child care (CDC)

**Do you consider yourself to have limitations speaking english?**  Yes  No

**Have you ever been convicted of a crime?**  Yes  No

If yes, date of conviction \_\_\_\_\_  Misdemeanor  Felony

**How did you find out about Focus: HOPE Programs?**  
 Family  Flyer  High School  Community/Government  Church  Friend  FH Student \_\_\_\_\_  
 FH Program (food, vol, walk, etc)  Job/Event  Internet  Admission Rep Presentation  Print/Media  Radio/TV  FH Colleague  
 Event/Source: \_\_\_\_\_

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

GED     High school graduate    High school \_\_\_\_\_ State \_\_\_\_\_ Year of graduation \_\_\_\_\_

Vocational or other training institution    Certificates earned \_\_\_\_\_

Some college classes     College degree    Degrees earned \_\_\_\_\_

College \_\_\_\_\_ State \_\_\_\_\_ Year of graduation \_\_\_\_\_

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

Under employed\*     Employed, but need to upgrade skills     Unemployed     Other \_\_\_\_\_

\*(employed part-time and/or working a job, which does NOT require you to use your best training, skills, and potential).

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 \_\_\_\_\_

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## 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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 \_\_\_\_\_