



\$25 application fee
please attach to this application

APPLICATION FOR ADMISSIONS

Name		Date of Birth (00/00/0000)	
E-mail address		Social Security #	
Present Address	street	apt #	city
	state	ZIP	phone #
		May we text you?	

Current age	Drivers license/MT ID number
Which start date are you applying for?	Which program are you applying for?

Are you wishing to enroll as a transfer student?	Previous school?
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EDUCATION

High School	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	GED? <input type="checkbox"/> yes <input type="checkbox"/> no
College	Did you graduate <input type="checkbox"/> yes <input type="checkbox"/> no	Trade School (other than the program you are pursuing?)
Subjects studied		Did you graduate <input type="checkbox"/> yes <input type="checkbox"/> no
		Subjects studied

QUESTIONS

Why are you pursuing a career in this industry? (use back if necessary)	
How do you feel about team work? Give an example. (use back if necessary)	
What are you passionate about in your personal life? (use back if necessary)	

Do you plan on using any VA Benefits? yes no If yes, please include Certificate of Eligibility with this application.

Have you been convicted of a felony within the last 5 years? yes no

please explain, this will not necessarily exclude you from consideration	
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REFERENCES (NOT RELATED TO YOU)

name	phone	relation
name	phone	relation
name	phone	relation

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature	date
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Do you have more to say? Write it down here.

Why are you pursuing a career in this field?

How do you feel about team work?

What are you passionate about in your personal life?

FOR OFFICE USE ONLY

DATES OF CONTACT _____

NEW STUDENT REGISTRATION	
ENROLLMENT DATE	
NAME OF SCHOOL CONTACT	
COURSE ENROLLED	TOTAL HOURS STUDENT IS ENROLLED
SCHEDULE	
PAYMENT SCHEDULE <input type="checkbox"/> MONTHLY PAYMENTS <input type="checkbox"/> VA BENEFITS <input type="checkbox"/> FINANCIAL AID	
SCHOLARSHIP OFFERED?	
IS THIS STUDENT TRANSFERRING FROM ANOTHER SCHOOL?	
IF YES, HOURS ACCEPTED?	
EMERGENCY CONTACT	NAME AND RELATION
	PHONE NUMBER

INSTITUTE OFFICIAL SIGNATURE _____ DATE _____