

Summer Application Adult Vocational Training



SELECT AN EDUCATION PLAN:

- Check the plan that applies to you
- Provide the following documents to complete application
- Fill out the application entirely; do not leave any lines blank

I. Associate of Applied Science Degree

II. Technical Certification/License

1. **Official Transcript**
2. **Pell Award Letter**
3. **Enrollment Schedule**

PLEASE PRINT CLEARLY

Name: _____ Maiden: _____

Mailing Address: _____
City State Zip

SSN: _____ CDIB#: _____ DOB: _____

Phone: _____ Cell: _____ Other: _____

Email: _____

Name of School: _____

Name of Program or Major: _____ Hours Completed to Date: _____

Certification or Degree you will receive when completed: _____

Are you a continuing student from the Spring semester? Yes No

By my signature, I affirm that I fully understand the terms under which I will attend Adult Vocational Training Program. In addition, I understand that no financial maintenance/scholarship will be provided until the Adult Vocational Training Specialist has certified my application and I receive an award letter.

Signature

Print Name Legibly

Date