

Admission Application

Please check (only one) the box next to the schedule that best suits your needs.

Day Schedule	Days of the Week	Times	Hours Per Week	Completion Time
<input type="checkbox"/>	Tuesday - Saturday	8:00 a.m. - 3:30 p.m.	35 hrs/wk	12 months
<input type="checkbox"/>	Tuesday - Saturday	8:00 a.m. - 2:30 p.m.	30 hrs/wk	15 months
<input type="checkbox"/>	Tuesday - Saturday	8:00 a.m. - 1:30 p.m.	25 hrs/wk	20 months
<input type="checkbox"/>	Tuesday - Saturday	3:00 p.m. – 9:00 p.m. (Tues.- Fri.) 8:00 a.m. – 4:30 p.m. (Saturday)	32 hrs/wk	12 months
<input type="checkbox"/>	Tuesday - Saturday	4:00 p.m. – 9:00 p.m. (Tues.- Fri.) 8:00 a.m. – 4:30 p.m. (Saturday)	28 hrs/wk	14 months
<input type="checkbox"/>	Tuesday - Saturday	5:00 p.m. – 9:00 p.m. (Tues.- Fri.) 8:00 a.m. – 4:30 p.m. (Saturday).	24 hrs/wk	16 months

PERSONAL INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Current Address: _____

City, State & Zip: _____

Phone: _____ Message: _____ Best Time to Call: _____

Email: _____

How long in AR (Yr/Mo)? _____ Male Female Married Single

Dependents: Yes No If yes, age(s): _____

Are you employed: Yes No If yes, where: _____

Work schedule (days): _____ Hours: _____

Do you have reliable transportation? Yes No How soon can you start? _____

How did you hear about us? _____

EDUCATION

High School attended (Name of School, Address, City, State & Zip): _____

Last grade completed: _____ Graduation date: _____

List all college(s) attended (Name of School, Address, City, State, & Zip): _____

Graduation Date: _____ Degree received: Yes No Number of Years Completed: _____

EMERGENCY CONTACT

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City, State & Zip: _____ City, State & Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

MISCELLANEOUS

Please give a brief summary of reasons for wanting this career: _____

Are there any circumstances (medical, personal, job, etc) that would interfere with your success?

Yes No If yes, please explain: _____

Have you been convicted of a felony? Yes No If yes, please explain below:

Do you qualify for Veteran' Education Benefits or Arkansas Rehabilitation Services? Yes No

If yes, please specify benefit description: _____