Student ID _____ *Date Application Received* _____ *(For Office Use Only)*

Choffin Career and Technical Center Adult Education {CCTC AE) **Phone** 330. 744.8720 or 330.744.8723

ADMISSIONS APPLICATION

Along with this application you must submit the $30.00 Nonrefundable Registration and $20.00 Testing Fee

Submit payment in the form of cash or money order (no personal checks) payable to: Youngstown City Schools,
Application can be submitted to Choffin CTC Adult Education~ Attn: Rhonda Adult Ed -200 E. Wood St.~ Youngstown, Ohio 44503

PERSONAL INFORMATION *(Please print clearly.)*

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Previous Last Name (if applicable): _____

Program of Interest:

☐ Dental Assisting* ☐ Emergency Medical Technician * ☐ Firefighting 1* ☐ Practical Nursing* ☐ Surgical Technology*

*Requires the TABE entrance exam that has a non-refundable fee of $20.00

☐ Central Service Technician ☐ Certified Nursing Assistant ☐ Phlebotomy

EMAIL ADDRESS:

Date of Birth {MM/DD/YYYY): _____ Age: _____ Social Security Number: ___ - ___ - _____ Gender: ☐ Female ☐ Male

EDUCATIONAL HISTORY:

Highest Level of Education (check only one):

☐High School ☐High School Equivalent ☐Associate's Degree ☐Bachelor's Degree ☐Post-Baccalaureate

Degree Major: _____

Name of High School/Testing Location: _____

City/State of High School/Testing Location: _____ Grad/HS Equivalent (MM/VY): ____/____

Colleges or Post-Secondary Programs you have previously attended:

Name of School/College: _____ From (Month/Yr): _____ to _____

Name of School/College: _____ From (Month/Yr): _____ to _____

Doyou have a current STNA Credential? ☐ Yes, Renewal Date: _____ ☐ No

FUNDING INFORMATION:

☐ Pell Grant

☐ Interest-Free Payment Plan ☐ MCTA/TCTA/WIOA Funds

☐ Student Loan ☐ Other _____

Are you in default on any student loans? ☐ Yes ☐ No

Are you a Veteran or receive Veteran benefits? ☐ Yes, which Branch? _____ ☐ No

EMPLOYMENT DATA:

Currently Employed: ☐ Yes ☐ No

Current or Last Employer: _____ Employed From (Month/Year): _____ to _____

Current or Last Position: _____ ☐ Full-time ☐ Part-time

EMERGENCY CONTACT:

Name: Relationship: Phone:

Address: City: State: Zip:

ADDITIONAL INFORMATION:

How did you hear about the Choffin Adult Education Programs?

☐ Referred by Individual or Past Student ☐ Advertisement ☐ Radio ☐ Facebook/Instagram

☐ TV ☐ Billboard ☐ Mail (postcard) ☐ Other _____

☐ Choffin Website ☐ GED ☐ Employer

REPORTING INFORMATION: *(The following information is required for State, Federal and accreditation reporting. This information will only be used for statistical reporting requirements.)*

Ethnicity	**Please Check All That Apply**	**Did You Experience Any Of the of the Following: Check All That Apply**
☐ American Indian or Alaska Native	☐ Limited English Proficiency	☐ Foster Care
☐ Asia	☐ Economically Disadvantaged	☐ Group Home
☐ Black or African American	☐ Disabled	☐ Out-of-Home Placement
☐ Hispanic or Latino	☐ Displaced Home Maker	☐ Kinship Care (lived w/relative)
☐ Native Hawaiian or Other Pacific Islander	☐ Single Parent	
☐ White	☐ Live on your own	
☐ Multi	☐ Live with parent/guardian	

Authorization for Release of Information and Applicant Certification:

I hereby authorize the release of information to Choffin Adult Health Professions including information both oral and/or written regarding my records, character, conduct and performance. I understand that all pre-entrance requirements must be met and a criminal background check and satisfactory drug screen are required for participation in each program and clinical externship. I further certify the information given on this application is true.

_____ _____ __ '__ '____

Applicant's Name (Print) **Applicant's Signature** **Date**

FOR OFFICE USE ONLY:

Fees Paid: ☐ Registration ☐ TABE Testing ☐ Distance Survey ☐ **Catalog Emailed**

Date Paid: Date Paid:

Test Date: ☐ Passed ☐ Failed *Deficient Area(s):*

Reading _____ *Math* _____

2nd Attempt: P/F 3rd Attempt: P/F Provisional: Y/N

Interview Date: **Interview Time:** **Interview & Testing Points Total:**

BCI Received Date: **FBI Received Date:**

Enrollment Status: ☐ Accepted ☐ Not Accepted ☐ Provisional Entry ☐ Waiting List

High school transcript/GED or equivalent received: ☐ Yes ☐ No

Surgical Technology ONLY: College Transcripts ☐ Yes ☐ No **Prerequisites Completed:** ☐ Yes ☐ No

Drug Test Results: ☐ Negative ☐ Positive, area(s):

Withdrew Application (date): *Reason:*

No information you provide will be used in a discriminatory manner. Choffin Adult Education programs are offered without regard to race, color, origin, sex, disability, or age.