

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 **\$50.00 Nonrefundable Registration and 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     Practical Nursing     Surgical Technology

All programs require the TABE entrance exam that has a non-refundable fee of \$20.00.

**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/YY): \_\_\_\_\_/\_\_\_\_\_

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 \_\_\_\_\_

Do you 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 CTC 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  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.