

## APPLICATION FOR ADMISSIONS

Today's Date: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Program of interest: \_\_\_\_\_

Class Schedule:                    DAYS: \_\_\_\_\_ or NIGHTS: \_\_\_\_\_ (Cosmetology & Barber Only)

.....  
Name: \_\_\_\_\_  
                    Last                      First                      Middle                      (Maiden)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                      Apt #                      City                      State                      Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

Education: High School Graduate \_\_\_\_\_ GED \_\_\_\_\_ Other \_\_\_\_\_

**Any** school attended other than High School: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Number of children \_\_\_\_\_

Names and ages of all members of the Household.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Schedule \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name and Phone # \_\_\_\_\_

How did you hear about Queen City College? \_\_\_\_\_

Do you/will you receive benefits from Social Security? Yes or No

If yes, please list monthly amount \_\_\_\_\_

AFDC? Yes or No If yes, please list monthly amount \_\_\_\_\_

SNAP? Yes or No If yes, please list monthly amount \_\_\_\_\_

Have you been convicted of a felony within the last (3) three years or any misdemeanor involving moral turpitude within (1) one year? Yes or No

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered yes, you may not complete the State Board examinations until you provide any requested documentation and receive clearance from the Tennessee State Board.

Please Initial: \_\_\_\_\_

Employment History: Please list your last (2) two employers:

EMPLOYER	DATES	NATURE OF WORK	SALARY	REASON FOR LEAVING
Name:	From:		Start:	
Address:	To:		End:	
Supervisor's Name:			Phone#:	
Name:	From:		Start:	
Address:	To:		End:	
Supervisor's Name:			Phone#:	

Are you or your spouse Military? Yes or No

If yes, please provide the following information:

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Commander's Name: \_\_\_\_\_ Commanders Phone \_\_\_\_\_

Are you or have you applied for Veteran's Education Benefits? Yes or No

*If yes, please see additional required documentation in the admissions packet.*