

APPLICATION FOR ADMISSIONS

Today's Date: _____

Anticipated Start Date: _____

Program of interest: _____

Class Schedule: DAYS: _____ or NIGHTS: _____ (*Barber Programs 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 Phone: _____

Work Schedule _____

Nearest Relative: _____ Phone# _____

Relationship: _____ Address: _____

Emergency Contact Name and Phone # _____

How did you hear about Queen City College, LLC? _____

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 _____

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 forms in the admissions packet.