

**PERSONAL DATA**Applicant's Name \_\_\_\_\_  
Last First Middle InitialSocial Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Date YearU.S. Citizen (check one)  Yes  No If No, Country of Citizenship \_\_\_\_\_Driver's License  Yes  No State \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_  
Month/Date/YearWashington State Resident (check one)  Yes  No If No, State of Residency \_\_\_\_\_Marital Status (check one)  Single  Married Gender (check one)  Male  FemaleMailing Address \_\_\_\_\_  
Street

City State Zip Code

Telephone/Day \_\_\_\_\_ Telephone/Night \_\_\_\_\_

E-mail Address \_\_\_\_\_

Optional – Have you ever been in foster care in Washington State for at least one year since your sixteenth birthday?  Yes  No**ETHNIC BACKGROUND Optional – Statistical Purposes Only (check more than one, if applicable)**

The following questions are optional and will not affect admissions status or decisions.

Hispanic  Yes  No African-American Caucasian Non-Resident Alien American Indian or Alaska Native Two or More Races Native Hawaiian or Other Pacific Islander Race & Ethnicity Unknown Asian Other \_\_\_\_\_**FAMILY INFORMATION**Spouse/Parent/Legal Guardian \_\_\_\_\_  
Last First Middle InitialPermanent Address \_\_\_\_\_  
Street

City State Zip Code

Telephone/Day \_\_\_\_\_ Telephone/Night \_\_\_\_\_

Emergency Contact (required) \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**DISABILITIES**Do you have a physical, sensory, or mental impairment that substantially limits one or more of life's activities? (i.e. walking, seeing, hearing, breathing, or learning)  Yes  NoApplicants who wish to have a disability considered as a factor in the admissions process and the school program must identify the disability and provide appropriate documentation of the disability attached to a request form. Do you require these forms?  Yes  No

# APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE

## PREVIOUS EDUCATION

- GED     High School Diploma     Some Post High School (no degree/certificate)  
 Certificate (less than two years)     A.A.     B.A./B.S.     Other \_\_\_\_\_

High School \_\_\_\_\_ Graduation \_\_\_\_\_  
Month Year

List College, University and Vocational/Technical Schools Attended:











Institution	City/State	From (Month/Year)	To (Month/Year)	Degree or Certification

How did you hear about Perry Technical Institute? (please check all that apply)

- TV/Radio     Internet     High School Counselor     Friend/Relative     College Fair/Career Fair  
 Open House     Alumni     Employer/Industry Rep     High School Visitation     Other \_\_\_\_\_

## PROGRAM INFORMATION

What program are you applying for and what month/year would you like to start? (choose one program)

	Automotive	Month: <input type="checkbox"/> Jan <input type="checkbox"/> Apr <input type="checkbox"/> Sep	Year: _____
	Business Technology & Accounting	Month: <input type="checkbox"/> Jan <input type="checkbox"/> Sep	Year: _____
	Legal Assistant/Paralegal Program	Month: <input type="checkbox"/> Apr	Year: _____
	Medical Office Administration & Coding	Month: <input type="checkbox"/> Sep <input type="checkbox"/> Apr	Year: _____
	Electrical	Month: <input type="checkbox"/> Mar <input type="checkbox"/> Jun <input type="checkbox"/> Oct	Year: _____
	HVAC/R	Month: <input type="checkbox"/> Jun <input type="checkbox"/> Jan	Year: _____
	Instrumentation	Month: <input type="checkbox"/> Mar <input type="checkbox"/> Jun <input type="checkbox"/> Oct	Year: _____
	I.T. & Communication Systems	Month: <input type="checkbox"/> Jun <input type="checkbox"/> Jan	Year: _____
	Machine	Month: <input type="checkbox"/> Jun <input type="checkbox"/> Jan	Year: _____
	Welding Technology	Month: <input type="checkbox"/> Sep	Year: _____

## FUNDING INFORMATION

How will you pay for your education? (please check all that apply)

- Self-Pay     Financial Aid     Veteran's Benefits     Program Assistance

If you checked Financial Aid, have you applied for it yet?  Yes  No

Would you like Financial Aid information?  Yes  No

If you checked Veteran's Benefits, which type?

- Chapter 30     Chapter 31     Chapter 32     Chapter 1606     Chapter 1607     Other \_\_\_\_\_

If you checked Program Assistance, which type? (check all that apply)

- People for People     Workforce Training     DVR     OIC     WIA/TAA     WDC     Other \_\_\_\_\_

## APPLICANT'S SIGNATURE

Name \_\_\_\_\_ Date \_\_\_\_\_