

## Fred W. Eberle Technical Center Post-Secondary Application

### Personal Information

Date: \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone Number ( ) \_\_\_\_\_

Program: \_\_\_\_\_ Full Time: \_\_\_\_\_ Half Time: \_\_\_\_\_

Are you employed? \_\_\_\_\_ If yes, what hours? \_\_\_\_\_

Have you previously received financial aid: Yes \_\_\_\_\_ No \_\_\_\_\_

### Education

	Name and Location of School	Graduated		Major Subjects	Avg. Grades
		Yes	No		
High School					
College					
Trade or Business School					

**References** (Give the names of three persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted

**In Case of Emergency Notify** \_\_\_\_\_  
Name Phone Number

I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_