



Fred W. Eberle Technical Center

Post-Secondary Student

Personal Information SSN: _____ Date: _____

Name: _____
 (Last) (First) (Middle)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Phone Number: _____ Email Address: _____

In Case of Emergency Notify: _____
(Name) (Phone Number)

Program: _____ **Full Time:** _____ **Half Time:** _____

Are you employed? _____ If yes, what hours? _____

Have you previously received financial aid: Yes _____ No _____

If yes, dates of enrollment: _____

Education:

	Name and Location of School	Graduated		Major Subjects	Average 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 for at least one year)

Name	Address/Phone Number	Business	Years Acquainted

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

Student Signature: _____ Date: _____

As required by federal laws and regulations, the Fred W. Eberle Technical Center Administrative Council does not discriminate on the basis of sex, race, religion, disability, age, and national origin in employment and in the administration of any of its education programs and activities For inquiries contact: Rebecca Bowers-Call, Title IX Director and 504 Coordinator, 208 Morton Avenue, Buckhannon, WV 26201, 304.472.1259 or rebecca.bowers@k12.wv.us.