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 Yes	Graduated No	Major Subjects	Average Grades
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, Fred W. Eberle Technical Center 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.