

FULL NAME (Print):			SOCIAL SECURITY NUMBER/COA ID:				
MAILING ADDRESS:			EMAIL:				
CITY:		STATE:	ZIP CODE:		TELEPHONE:		
BIRTH DATE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS)		HOME _____		
					CELL _____		
					WORK _____		
DEMOGRAPHICS: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER				QUALIFICATIONS: <input type="checkbox"/> DARE COUNTY RESIDENT <input type="checkbox"/> U.S. Citizen <u>OR</u> <input type="checkbox"/> Lawful Permanent Resident			
HIGHEST EDUCATION: NON GRADUATE, ENTER HIGHEST GRADE COMPLETED 0-11 <input type="checkbox"/> 12 HIGH SCHOOL GRADUATE <input type="checkbox"/> -- GED <input type="checkbox"/> 15 ASSOCIATE DEGREE <input type="checkbox"/> 16 BACHELOR'S DEGREE <input type="checkbox"/> 13 ADULT HIGH SCHOOL DIPLOMA <input type="checkbox"/> 17 MASTER'S DEGREE + <input type="checkbox"/> 14 ONE-YEAR VOCATIONAL				<input type="checkbox"/> GRADUATE OF A DARE COUNTY HIGH SCHOOL, PRIVATE OR HOMESCHOOL WITHIN THE LAST 24 MONTHS (print name of school): _____			
EMPLOYMENT STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED - SEEKING <input type="checkbox"/> UNEMPLOYED - NOT SEEKING <input type="checkbox"/> RETIRED				<input type="checkbox"/> WORKFORCE DEVELOPMENT & CAREER READINESS PROGRAM (print program name): _____			
IMPORTANT INFORMATION 1 – Students must attend at least 80% of the class hours to receive CEU's and/or certificates. 2 – Some courses, which are identified at the beginning of the class, require a minimum grade of 70 on the final exam in addition to 80% of class attendance. 3 – Unofficial transcripts will be forwarded only upon request of the student.							
STUDENT SIGNATURE					DATE		

FOR OFFICE USE ONLY							
COURSE	SYN #	DATE(S)	DAY(S)	TIME	COST	INSTRUCTOR	BLDG/RM

Check List: Student Approved: YES NO Student Registered: YES NO

Additional Cost Consideration: Textbook Costs: _____ Computer Costs: _____ Class Kit Costs: _____

ELIGIBLE FOR DARE GUARANTEED:
 COA WORKFORCE DEVELOPMENT REP (please print): _____
 COA WORKFORCE DEVELOPMENT REP (please sign): _____

Sponsorship Form in Business Office (signature & date): _____
 Received by Foundation (signature & date): _____
 Amount to be Awarded: _____ Date Awarded: _____