

Fort Scott Community College
APPLICATION FOR ADMISSION - TRANSPORTATION PROGRAM

Location (Please check)

FORT SCOTT

KANSAS CITY

Date _____, 20____ How did you hear about the CDL Course: _____

Check which class
 You prefer to enroll:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aug. 15, 2011 | <input type="checkbox"/> Sept. 26, 2011 | <input type="checkbox"/> Nov. 7, 2011 |
| <input type="checkbox"/> Jan. 3, 2012 | <input type="checkbox"/> Feb. 13, 2012 | <input type="checkbox"/> Mar. 26, 2012 |
| <input type="checkbox"/> May 7, 2012 | <input type="checkbox"/> July 2, 2012 | <input type="checkbox"/> Aug. 13, 2012 |

PERSONAL

Legal Name in Full

Permanent Address _____ Phone _____

City _____ State/Zip _____ E-Mail Address _____

Mailing Address _____

City _____ State/Zip _____

Social Security Number _____ Date of Birth _____

In Case of Emergency: _____ Address _____
 Town State Zip Phone

EDUCATION (Please Check All Appropriate Boxes)

Education Completed Grade School High School GED Vo-Tech College Special Training _____

Schools Attended	Address	City/State	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE (List only companies worked for in past 5 years)

Company	Address	Dates of Employment	Title	Nature of Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL ASSISTANCE

How do you intend to finance your school expense?

Current Driver's License # _____
 Expiration Date _____

- Personal Finance VA Benefits WIA
 Credit Card FEC Other

U.S. Citizen: YES ___ NO ___

I hereby state that the information I have listed above is true and correct. X _____