

**PERSONAL DATA**Applicant's Name \_\_\_\_\_  
Last First Middle InitialSocial Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Date YearU.S. Citizen (check one)  Yes  No If No, Country of Citizenship \_\_\_\_\_Driver's License  Yes  No State \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_  
Month/Date/YearWashington State Resident (check one)  Yes  No If No, State of Residency \_\_\_\_\_Marital Status (check one)  Single  Married Gender (check one)  Male  FemaleMailing Address \_\_\_\_\_  
Street

City State Zip Code

Telephone/Day \_\_\_\_\_ Telephone/Night \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you a military veteran?  Yes  No Branch of Service \_\_\_\_\_Optional – Have you ever been in foster care in Washington State for at least one year since your sixteenth birthday?  Yes  No**ETHNIC BACKGROUND Optional – Statistical Purposes Only (check more than one, if applicable)**

The following questions are optional and will not affect admissions status or decisions.

Hispanic  Yes  No African-American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Caucasian Race & Ethnicity Unknown Two or More Races Non-Resident Alien Asian Other \_\_\_\_\_**FAMILY INFORMATION**Spouse/Parent/Legal Guardian \_\_\_\_\_  
Last First Middle InitialPermanent Address \_\_\_\_\_  
Street

City State Zip Code

Telephone/Day \_\_\_\_\_ Telephone/Night \_\_\_\_\_

Emergency Contact (required) \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**DISABILITIES**Do you have a physical, sensory, or mental impairment that substantially limits one or more of life's activities? (i.e. walking, seeing, hearing, breathing, or learning)  Yes  NoApplicants who wish to have a disability considered as a factor in the admissions process and the school program must identify the disability and provide appropriate documentation of the disability attached to a request form. Do you require these forms?  Yes  NoDo you have any obligations that may interfere with your ability to regularly attend classes?  Yes  No

If yes, please explain \_\_\_\_\_

## PREVIOUS EDUCATION

- GED   
  High School Diploma   
  Some Post High School (no degree/certificate)  
 Certificate (less than two years)   
  A.A.   
  B.A./B.S.   
  Other \_\_\_\_\_

High School \_\_\_\_\_ Graduation \_\_\_\_\_  
Month Year

List College, University and Vocational/Technical Schools Attended:

Institution	City/State	From (Month/Year)	To (Month/Year)	Degree or Certification











How did you hear about Perry Technical Institute? (please check all that apply)

- TV/Radio   
  Internet   
  High School Counselor   
  Friend/Relative   
  College Fair/Career Fair  
 Open House   
 Alumni   
 Employer/Industry Rep   
 High School Visitation   
 Other \_\_\_\_\_

Have you toured the Perry Tech campus?  Yes  No

## PROGRAM INFORMATION

What program are you applying for and what month/year would you like to start? (choose one program)

 Automotive	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year:
 Business Technology & Accounting	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Fall	Year:
 Medical Office Administration & Coding	Month: <input type="checkbox"/> Fall	Year:
 Medical Assistant	Month: <input type="checkbox"/> Spring <input type="checkbox"/> Winter	Year:
 Electrical	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year:
 HVAC/R	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:
 Instrumentation	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year:
 I.T. & Communication Systems	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:
 Machine	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:
 Welding Technology	Month: <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:

## FUNDING INFORMATION

How will you pay for your education? (please check all that apply)

- Self-Pay   
  Financial Aid   
  Veteran's Benefits   
  Program Assistance

If you checked Financial Aid, have you applied for it yet?  Yes  No

Would you like Financial Aid information?  Yes  No

If you checked Veteran's Benefits, which type?

- Chapter 30   
 Chapter 31   
 Chapter 32   
 Chapter 33   
 Chapter 1606   
 Chapter 1607   
 Other \_\_\_\_\_

If you checked Program Assistance, which type? (check all that apply)

- PFP   
 WRT (getting unemployment)   
 DVR   
 OIC   
 WIA/DWP   
 TAA   
 Tribal Programs   
 Other \_\_\_\_\_

## APPLICANT'S SIGNATURE

Name \_\_\_\_\_ Date \_\_\_\_\_