



**STUDENT APPLICATION**

\_\_\_\_\_  
Last Name First Name Middle Initial Maiden Name

\_\_\_\_\_  
Address City State Zip Code

( ) ( )  
Home Telephone Number Work Telephone Number Date of Birth Email

\_\_\_\_\_  
Social Security Number Driver's License Number State Male / Female

**Citizenship:** \_\_\_US \_\_\_Alien Registration \_\_\_Other **Marital Status:** (Circle One): Single Married Separated Divorced

**Veteran?** Yes / No **Ethnic Group:** (Statistical Purpose Only): \_\_\_Black \_\_\_American/Alaskan Indian \_\_\_Asian /Pacific Isl  
\_\_\_Hispanic \_\_\_White \_\_\_other:\_\_\_\_\_

Please provide **three complete personal references:**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

**EDUCATIONAL INFORMATION**

Are you a high school graduate?  Yes  No If no, do you have a G. E. D.?  Yes  No

HIGH SCHOOL GRADUATED FROM (OR LAST ATTENDED):

\_\_\_\_\_  
Name of Institution City State Date Diploma Received Name on High School Records

Last College Attended Name/City: \_\_\_\_\_ Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you in Recovery from Substance Use Disorder or Mental Health issues? \_\_\_Yes \_\_\_No If Yes, length of time in recovery:  
\_\_\_\_\_ years and \_\_\_\_\_ months

Do you have experience with Substance Use Disorder or Mental Health? \_\_\_Yes \_\_\_No

*In 100 words or less, describe your commitment to successfully completing this program. (Use back if needed.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all the information contained in this application, is accurate and true.

\_\_\_\_\_  
Signature Date

