

STUDENT APPLICATION

IT IS RECOMMENDED THIS FORM BE COMPLETED ON A COMPUTER OR TABLET



PERSONAL INFORMATION

FIRST NAME

LAST NAME

CONTACT INFORMATION

EMAIL ADDRESS

YOUR PRIMARY PHONE

PROGRAM OF CHOICE FOR F.I.R.S.T. INSTITUTE

PROGRAMS

PHYSICAL ADDRESS INFORMATION

PERMANENT HOME ADDRESS

GENDER

DATE OF BIRTH

YOUR ADMISSIONS REPRESENTATIVE

ADMISSIONS REPRESENTATIVE

HOW DID YOU HEAR ABOUT F.I.R.S.T. INSTITUTE?

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NO CONTEST, REGARDLESS OF ADJUDICATION?

Yes

No

If yes, list all offenses and pending charges:

EMERGENCY CONTACT INFORMATION

NAME

RELATION

PRIMARY PHONE

ETHNICITY/DEMOGRAPHICS

SELECT ONE OR MORE OF THE FOLLOWING RACES

ARE YOU A U.S. CITIZEN OR A PERMANENT RESIDENT?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IS ENGLISH YOUR PRIMARY LANGUAGE?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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EDUCATION

WHAT LEVEL OF HIGH SCHOOL DID YOU COMPLETE?

NAME OF HIGH SCHOOL OR TRAINING CENTER

City

State

Country

DATE OF COMPLETION

WHAT LEVEL OF COLLEGE DID YOU COMPLETE?

F.I.R.S.T. Institute does not discriminate regarding sex, age, race, color, disability, national origin, creed and/or religion. The training offered by F.I.R.S.T. Institute may have stamina or mobility requirements that may differ from other educational institutions and occupations.

HAVE YOU BEEN DIAGNOSED WITH A MENTAL, PHYSICAL, OR LEARNING DISABILITY?

Yes No

If YES, please describe the nature of the disability and any accommodations you would need.*

FINANCIAL AID

HOW DO YOU PLAN TO PAY FOR YOUR EDUCATION?

HAVE YOU COMPLETED A CURRENT FAFSA AT FAFSA.ED.GOV?

Yes No

QUESTIONNAIRE & WRITING SECTION

WHY DO YOU WANT TO ATTEND F.I.R.S.T. INSTITUTE AND WHY WOULD YOU BE A GOOD STUDENT IF ACCEPTED INTO OUR SCHOOL?

WHAT ARE YOUR CAREER GOALS IN 3 TO 5 YEARS AFTER GRADUATION AND HOW DO YOU PLAN TO REACH THOSE GOALS?

WHAT ARE YOU MOST PROUD OF? BE SURE TO EXPLAIN WHY YOU CHOSE THIS AND HOW YOU CAME TO ACCOMPLISH IT. (THIS COULD BE ACADEMIC, PROFESSIONAL, OR PERSONAL)

HOW WOULD YOU DESCRIBE YOUR COMFORT LEVEL USING A COMPUTER FOR BASIC TASKS?

ARE YOU INVOLVED WITH ANY ACTIVITIES ON A REGULAR BASIS THAT MAY INTERFERE WITH YOUR SCHEDULED CLASS TIME (SUCH AS WORK OR OTHER COMMITMENTS)?

WHAT OBSTACLES, IF ANY, WOULD PREVENT YOU FROM STARTING SCHOOL?

DIGITAL SIGNATURE

BY DIGITALLY SIGNING THIS APPLICATION, YOU AFFIRM THAT ALL THE INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. YOUR SIGNATURE AND SUBMISSION OF THIS DOCUMENT IS A DECLARATION OF YOUR COMMITMENT TO UPHOLDING THE INTEGRITY OF THE INFORMATION SHARED, ENSURING A SMOOTH AND EFFICIENT APPLICATION PROCESS.