



Date _____

Application for Enrollment

What are your goals? _____

PERSONAL INFORMATION

Referral Source: Advertisements Relative Agency Corporate Walk-in Other

Full Name _____
(Last) (First) (M.I.)

Mailing Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ / _____ / _____ Email Address _____
(Month) (Day) (Year)

Phone Number _____ Cell Phone Number _____

Are you employed? If so, where? _____ Gender: Male Female

Do you have any special Medical/Educational needs? _____

If yes, please explain: _____

RESIDENCY

In what state do you claim official residency? _____ for how long _____
If you claim Alaska residency, how long have you lived in Alaska? _____

EDUCATIONAL BACKGROUND

Are you currently attending School? Yes No
If yes, state name of school _____ Highest Grade completed _____

Staff Use Only
Advising
Accounting
Directors Note
Agency funding

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

I understand that withholding information requested on this application or giving false information may make me ineligible for admission to Wincertification or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations. I further understand that from the time I file my application with Wincertification, it is my responsibility to know all the rules, requirements and exemptions from my intended program.

(Student Signature) (Date)

(Parent Signature (if under 18)) (Date)

Wincertification Staff/Director _____ Date _____