

STUDENT APPLICATION

PERSONAL DATA (Please Print)

Last Name:	First Name:
Address:	Postal Code:
Telephone:	

OFF-CAMPUS EDUCATION PROGRAM

Please indicate three work site choices that you would prefer.

1. _____

2. _____

3. _____

Do you have a specific place in mind? _____

If accepted into the program, what method of transportation will you use to get to your place of employment?

Vehicle Other

EMPLOYMENT RECORD

Employer	Type of Work	Duration	
		From	To
1.			
2.			
3.			

Do you presently have a part-time job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to rearrange part-time job hours to accommodate off-campus education commitments? Yes <input type="checkbox"/> No <input type="checkbox"/>
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(continued)

RELEVANT COURSES

Please list any courses you have taken that may be relevant to your work site choice.

EXTRACURRICULAR ACTIVITIES

List any extracurricular activities, volunteer work or outside organizations you are/were involved with.

Dates		Organization	Type of Involvement
From	To		

List special skills, courses, certificates, hobbies, interests, etc.:

FUTURE PLANS

Please check off what your current plan is for after high school.

Work University Community College Apprenticeship

Please describe your long-range career plans.

RATIONALE

Briefly explain why you are interested in the Off-campus Education program.

Student Signature _____

Parent(s) Signature _____

Date _____