

Workforce Transitions Program Application

Please complete the form and submit to John T. Ferguson, Workforce Transitions Coordinator, 164 Opportunity Way, Suite N-121, Lexington, KY 40511-2623

| Name: | Social Security # | | | | | |
|---------------------------------|--|---|-------------------------------|----------------|-----------|----------------|
| Address | | | | | | |
| | Street Address | | | | | |
| | City | County | | State | | Zip Code |
| Home Phone | | Wo | rk or Cell Phone | | | |
| Semester: □ Sp Admit Status: | oring 2012 | 2 □ Fall 2012 | Date of Birth | / | / | |
| ☐ First- | -Time Student (I have not atte | ended any other colleg | e or university) | | | |
| □ Read | lmit (I have previously attended | d BCTC or another KCT | CS institution, includ | ing workforce | training) | |
| ☐ First- | Time Transfer / Visiting Stu | ident (I have previous | ly attended another i | non-KCTCS inst | itution) | |
| | Are you eligible to return to y | our former college? | □ yes □ no | | | |
| Please n | note: Transcripts from other colleg transcripts from all previously in order to have your transfer | attended institutions sh | | | | |
| | Other postsecondary institut | tions attended and da Ci | | State | | Dates Attended |
| | eneration college student? □ Female US Citizen □ Yes | | | | | |
| *Primary Race/ | Ethnicity □ Black, Non-Hispa □ Hispanic | anic □ American Ir □ White, Non | | | | fic Islander |
| Military Status | ☐ Active Military ☐ Nati | | u be receiving vete | ran's benefit | s? Yes | No |
| Please list all na | imes you have used on prev | vious educational re | cord | | | |
| If any, what ma | jor and/or degree to you pl | an to pursue | | | | |
| High School Att | andad | | | | | |
| _ | | High School Name | Ci | ty | | State/County |
| High School Gra | duation or GED Completion | Date | Date of Last Att | endance | | |
| Residency Status | □ Kentucky | Have you lived in Kentu Have you received finan | cial support from an inc | dividual | □ yes | □ no |
| | | outside of Kentucky dur | | | □ yes | □ no |
| | □ Non-Kentucky | Does either parent live i How long have you been | | tucky county? | □ yes | □ no |
| * On!:!: | • | | - ' | ,, . | | _ |
| * Optional i | nformation requested for reporting purposes a | inu wili not be used in an admissi | on decision. | | | |

Unless otherwise indicated, all information on this form must be complete and accurate. Withholding or providing false information may make you ineligible for admission or enrollment. You will not be officially admitted to this college until all required credentials are received by this Admissions Office. If you do not enroll, application materials will be retained on file for one year. Although there is not an application fee upon signing this you acknowledge responsibility for all financial obligations you incur if you enroll as a student in the Kentucky Community and Technical College System, including any costs associated with the collection of your account.

| Date | Signature | |
|------|-----------|--|
| | | |