



APPLICATION FOR ADMISSION

(Please Submit with Required, non-refundable \$25 Application Fee)

Mail or Return to:
3488 Liberty Rd S, Salem, OR 97302

Legal Name: _____

Date of Birth: ____/____/____ Are you a US citizen? Yes No Sex: Female Male

Street Address: _____

City, State, ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

How did you hear about us? _____

Which term are you applying for? _____

Emergency Contact Information *(Optional)*:

Contact Name: _____

Street Address: _____

City, State, ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the "start date" to which I am admitted, I may need to reapply for admission. I understand submitted materials will not be returned.

Student Name (print)

Date

Student Signature

Is there any other information you would like to provide that might affect your ability to complete the program (i.e., physical limitations, dyslexia, etc.)?: _____

Administrative Use ONLY: Date Rec'd ____/____ Admitted: Y <input type="checkbox"/> /N <input type="checkbox"/>
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