



IMPACT CAREER CENTER

COLLEGE PROGRAM APPLICATION

Personal Information:

Name _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Email _____ Phone _____

Emergency Contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Professional References: (Employer, Teacher, Pastor, Community Leader)

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Education Experience:

School _____ City _____ State _____

Academic Status: Currently Enrolled in High School _____ Graduate _____ GED _____

Have you earned any college credits? _____ If so, how many _____ College _____

I certify that the information provided is true to the best of my knowledge:

Signature

Name Printed

Date

About:

Explain why you would like to be a student at Impact Career Center.

What career field are you interested in studying? Why?

List any challenges that may interfere with your progress in the program:

What academic areas are you strongest in? _____

What academic areas are you weakest in? _____

What jobs have you had in the past? _____