

Metropolitan School District of *Washington Township* . . . Marion County

James D. Mervilde, Ed.D., Superintendent

J. Everett Light Career Center
1901 East 86th Street
Indianapolis, Indiana 46240-2347
Phone 317 259-5265

Shawn Wright-Browner
Director

Application Form

(PLEASE PRINT IN INK OR TYPE.)

***Social Security Number:** _____ - _____ - _____

**Due to IRS regulations that allow you a tax credit for educational expenses, it is critical that you provide the school with an accurate Social Security Number.*

Ethnic Affiliation: ___ African American/Black ___ Caucasian/White ___ Hispanic
 ___ Multiracial ___ Native American ___ Pacific Islander/Asian ___ Other

*Information on gender, age, ethnic origin and citizen status is collected for compliance reports in conjunction with federal regulations pursuant to the Civil Rights Act of 1964, Executive Order 11246 as amended by the Executive Order 11375, and Title IX of the Education Amendments of 1972 and Part 86.45 C.F.R., or state regulations and will not be used to discriminate in admission to or participation in any of the educational programs or activities offered at J. Everett Light Career Center.

Date of Birth _____ / _____ / _____ Age _____ ___ Male ___ Female

Last Name _____ First Name _____ Middle _____

Name you prefer to use _____ Maiden Name _____

Present Mailing Address _____

City _____ State _____ Zip _____

Phone: (H) (_____) _____

 (Cell) (_____) _____

 (W) (_____) _____

Email Address: _____

Marital Status ___ Single ___ Married Spouse's Name _____

 ___ Divorced ___ Widowed

Name of Relative/Emergency Contact Name

Last _____ First _____ Phone _____ Relationship _____

Employer _____ Work Phone (_____) _____

Military Service – Have you served in a branch of the armed services? ___ Yes ___ No

Educational Background

Transcripts (official/sealed) of all academic work, high school and college (if applicable), must be presented for your academic file.

High School

Name of High School _____ City _____

School Address _____ State _____ Zip _____

School Telephone (_____) _____ Your Graduation Date _____ / _____ / _____

If you did not graduate from high school, have you earned equivalency through G.E.D. testing?

 ___ Yes ___ No Graduation Date _____ / _____ / _____

Location Tested _____

College

Name of College(s) attended _____ City _____

Dates Attended _____ Hours Completed _____

Did you take either of the following courses: Anatomy and Physiology Y ___ N ___
or Pharmacology? Y ___ N ___

Were you previously enrolled in a nursing program*? Y ___ N ___

If yes, what type of program: LPN ___ RN ___ How long ago? _____

If yes, at what institution? _____

*If you have previously attended a nursing program, you **must** submit a transcript.

If you are transferring to J. Everett Light Career Center, briefly explain your reasons for doing so

Do you intend to apply for financial aid? _____ Yes ___ No

What influenced you to consider J. Everett Light Career Center? (Check all that apply)

___ Another college or university ___ Billboard ___ Brochure ___ Counselor/Teacher
___ Employer ___ Family ___ Friend ___ Newspaper ___ Phonebook ___ Radio ___ Mail
___ World Wide Web ___ Other

Have you ever been dismissed, suspended or placed on probation for poor scholarship, or

Disciplinary reasons at high school or any other colleges: _____ Yes ___ No

If yes, please give details in a letter accompanying this application.

Have you ever been charged for commission of a felony/misdemeanor at any time? _____ Yes ___ No

If yes, please give details in a letter accompanying this application.

Employment Record

List your work record for the past five years, starting with your current or most recent employment.
You may list additional employers on a separate sheet.

Employer _____

Address _____

Dates Employed _____ Occupation _____

Employer _____

Address _____

Dates Employed _____ Occupation _____

May we contact the employers listed above for reference _____ Yes ___ No

If no, indicate which one you do not wish us to contact.

Signature of Applicant _____ Date _____