

**PERSONAL INFORMATION (PLEASE PRINT)**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI Optional

Former Name(s) or AKA (Also Known As): \_\_\_\_\_

Mailing Address \_\_\_\_\_  
House number and Street name (If you have a PO Box # you must also provide a physical address) City State Zip

Physical Address \_\_\_\_\_  
House number and Street name City State Zip

Phone:  Cell or  Home \_\_\_\_\_ Work Phone: \_\_\_\_\_

Required email address for notification: \_\_\_\_\_

Are you 18 years or older?  YES  NO      Are you a Registered Sex Offender?  YES  NO

**HAVE YOU PREVIOUSLY ATTENDED GPTC?**

NO  YES **If yes, please check below and list class / program attended:**  
 High School \_\_\_\_\_  Full Time Adult \_\_\_\_\_  
 Short Term Evening / Weekend \_\_\_\_\_  Part Time Adult \_\_\_\_\_

**HAVE YOU EVER WITHDRAWN OR BEEN DISMISSED FROM ANY FULL TIME CAREER MAJOR AT GPTC?**

Any student applying for re-admission to GPTC after withdrawing or having been dismissed must have permission from the Superintendent or his designee prior to re-admission. **Readmission form must be received before application process can proceed.**

NO  YES - If Yes, Explain \_\_\_\_\_

**EDUCATION LEVELS - OFFICIAL TRANSCRIPTS REQUIRED, High School or GED Scores and College (Check all that apply)**

<input type="checkbox"/> Yr. _____ GED	<input type="checkbox"/> Yr. _____ Technical Diploma	<input type="checkbox"/> Yr. _____ Master's Degree
<input type="checkbox"/> Yr. _____ High School Graduate	<input type="checkbox"/> Yr. _____ Associate Degree	<input type="checkbox"/> Yr. _____ Doctorate Degree
<input type="checkbox"/> Some College, No Degree	<input type="checkbox"/> Yr. _____ Bachelor Degree	

**IN WHICH PUBLIC SCHOOL DISTRICT DO YOU RESIDE?**

<input type="checkbox"/> Lawton Public Schools	<input type="checkbox"/> Frederick Public Schools	<input type="checkbox"/> Sterling Public Schools
<input type="checkbox"/> Cache Public Schools	<input type="checkbox"/> Geronimo Public Schools	<input type="checkbox"/> Snyder Public Schools
<input type="checkbox"/> Chattanooga Public Schools	<input type="checkbox"/> Grandfield Public Schools	<input type="checkbox"/> Tipton Public Schools
<input type="checkbox"/> Elgin Public Schools	<input type="checkbox"/> Indianoma Public Schools	<input type="checkbox"/> OTHER School District Not Listed
<input type="checkbox"/> Fletcher Public Schools	<input type="checkbox"/> Randlett Public Schools	

**FINANCIAL PLANNING - Do you plan to apply for the following? - (Check all that apply)**

\*Federal Financial Aid (Pell Grant)  YES  NO      Great Plains Foundation  YES  NO  
 VA Education Benefits  YES  NO      Next Step Scholarship  YES  NO

**OTHER FUNDING** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Any falsification of information on the application or provided for the application packet will nullify the application or may result in dismissal from GPTC.*

**I have received the Gainful Employment information for the program in which I have applied.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID# \_\_\_\_\_  
 Name: \_\_\_\_\_  
Last  
First  
MI  
 Applied For: \_\_\_\_\_

**OFFICE USE ONLY**

DATE INTERVIEWED: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

DATE APP PROCESS COMPLETE: \_\_\_\_\_

I AM T-SHIRT SIZE: \_\_\_\_\_

**ASSESSMENT SCORES:**

**M** \_\_\_\_\_

**R** \_\_\_\_\_

**LI** \_\_\_\_\_

**TEST:** \_\_\_\_\_

**Results:** \_\_\_\_\_

**NON MEDICAL**

WAITING LIST DATE: \_\_\_\_\_

DATE SLOTTED: \_\_\_\_\_

START DATE: \_\_\_\_\_

**MEDICAL**

DATE SENT TO B700 \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

# **GREAT PLAINS**

Technology Center

## ***Prospective Student***

### **VOLUNTARY DISCLOSURE OF DEMOGRAPHIC DATA**

- Great Plains Technology Center collects student applicant demographic data for informational purposes.
- This information is confidential and is not used in screening, accepting, or enrolling students.
- Please return this with your application to Great Plains Technology Center.
- If you prefer not to disclose this information, please initial the statement below declining to participate.

*Your status as an applicant at Great Plains Technology Center will not be affected by completing or not completing this information.*

#### **COMPLIANCE STATEMENT**

**Great Plains Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations.**

#### **REQUEST FOR APPLICANT DATA**

Applicant Name	
Date of Application	
Program Applied For	

#### **ETHNICITY/RACE**

- White
- Black
- American Indian
- Asian
- Hispanic
- Latino
- Native Hawaiian/ Pacific Islander
- Two or More Races

#### **GENDER**

- Male
- Female

My signature immediately below signifies that I have provided this information for demographic purposes and Great Plains Technology Center will not use this information for any other purpose.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_ By initialing this line, I certify that I decline to provide this information.