

Location

Main Campus East Campus West Campus

Application - Fall 2018*

Program of Interest: _____

Applicant

Name : _____

Street Address: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-mail Address: _____

Employment Status: _____

Basic Information

Birthdate: _____

Country of Birth: _____

Residence County: _____

Citizenship: _____

Gender: _____

Race & Ethnicity

Hispanic or Latino: Yes No
 Black or African American Yes No
 White Yes No
 Asian Yes No
 American Indian or Alaska Native Yes No
 Native Hawaiian or Other Pacific Islander Yes No

Criminal History

Do you have any arrests or convictions (other than minor traffic violations)? Yes No
(Being completely truthful is to your advantage. Additional information may be requested. While information gathered is confidential, there may be a need to share this information with the clinical facilities, instructors, and/or advisory board members in order to reach a determination regarding admission.)

If Yes: _____

Previous Education

Highest level of education: Still in High School
 GED* High School Diploma
 Some College/University
 College/University Diploma
 Other: _____
 Was your last school in the US? Yes No

Enrollment Information

Requested Start Date: Fall 2018 Other: _____

Requested Time of Day: Day Class Evening Class Part-Time

Are you a Veteran? Yes No Military Status: Active Veteran Retired Other: _____

Full-time Student (30 hrs per week): Part-time Student (less than 24 hrs per week):

Resident Status: Florida Resident Out of state Evacuee

Currently in a Manatee County High School? What school? _____

Highest School Grade Completed: _____

***This is a temporary application. You will be required to enter the online application after June 1, 2018**

I understand that admission into MTC is based on a complete application, satisfaction of basic qualifications and space availability (varies by program). Likewise, I affirm that all information provided on this application is the truth to the best of my knowledge. I also understand that fees (Application, TABE Exam and program specific requirements) may need to be paid to complete my application:

X _____
 Signature (Yourself or parent or guardian if under 18)

 Date