

CHANGE THROUGH CHANCE

Student Application

Student Name _____ Date _____

Student Address _____

City, State, Zip _____

Student Phone _____ Emergency Phone _____

Student Date of Birth _____

Parent/Legal Guardian _____

Parent Address (if different from student) _____

City, State, Zip (if different from student) _____

Parent Phone (if different from student) _____

Parent's Employer _____

TOTAL Household Income _____ OR Self-Pay

Total Household Members _____

Student Referred By _____

Case Manager Name & Contact _____

Applying For: Level One Level Two Level Three Level Four
[Select One]

Other Instruction _____

For Office Use Only:

Scholarship Eligibility	100%	75%	50%	Other	Self-Pay
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Scholarship Awarded	100%	75%	50%	Other	Self-Pay
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Scholarship Source _____

Special Consideration _____

History _____

Student ACCEPTED

DECLINED

See back of page for Anecdotal Notes

 Date Accepted