



Application For Admission

Please Print Clearly and Firmly



Student Information

Name (Last):		First:		Middle:	
Street Address:		Apt #:		City:	
State:		Zip:		County:	
Social Security No.:			Email:		
Home Phone:		Work Phone:		Cell Phone:	
Date of Birth:		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Registered with Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration #:		Check One: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Driver's License #:		State:	Has your license ever been suspended or revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered:	Date Discharged:	Type of Discharge:	Are you Eligible For VA Benefits:	
Physical Limitations/Defects, if any:			Current Diagnosed Conditions:		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, for what?			

Education

Name of School	Location (City & State)	# Years	Will Graduate/ Graduated	Year Completed
High School:				
Vocational School				
College:				
Other: (Trade/Technical):				
Will you graduate on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not graduated from high school, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever previously received any college financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent/Guardian Information

Father/Guardian Name:		Address:		City:	State:	Zip:
Home Phone:		Work Phone (if applicable)				
Mother/Guardian Name:		Address:		City:	State:	Zip:
Home Phone:		Work Phone (if applicable)				

Employment History (List below last three employers starting with most recent)

Date Month & Year	Name and Address of Employer	Position	Reason for Leaving
From: To:			
From: To:			
From: To:			

Personal References

Name:	City:	State:	Zip:
Address:	Phone:		
Name:	City:	State:	Zip:
Address:	Phone:		

School Information

How did you hear about our college? (Check all that apply)

- High School Presentation
 Internet
 Newspaper
 Magazine
 TV
 Radio
 Friend/Family
 Other _____

If referred to OTC, please state by whom? _____

How do you plan to pay for your tuition?
 Financial Aid Provided By the College
 Cash
 Scholarship
 Will you require housing?
 Yes
 No

Program Area of Interest (Please check all that apply)

Core Programs

- Automotive Technology
 Auto-Diesel Technology
 Diesel Equipment/Heavy Equipment
 Collision Repair & Refinishing
 Motorcycle / PowerSports
 Classic Car Restoration

Specialty Programs

- Generator Power Systems
 BMW Fast Track
 Custom Paint & Graphics
 CDL
 Welding
 High Performance & Racing

Manufacturer Training

- BMW STEP
 Audi Academy
 MINI STEP
 International
 Volvo SAFE
 Volkswagen VSTT

U.S. Department of Education Information

The U.S. Department of Education requires that we submit annual reports listing the ethnicity of our students. This information is not used by the college for any other purposes than the completion of this federal requirement. Please answer the following:

1. Are you Hispanic / Latino? ___ Yes ___ No (If "Yes", skip question 2.)

2. Are you from one or more of the following (please check all that apply):

___ American Indian/Alaska Native ___ Asian ___ Black/African American ___ Native Hawaiian/Pacific Islander ___ White

I understand that there are some rules at OTC that, if broken, result in immediate dismissal: Consuming, possessing, storing, or sale of alcoholic beverages, hallucinogens, weapons or dangerous objects upon the school property or housing, Insubordination, Refusal to comply with the safety code of the industry, Refusal to wear school-issued clothing and proper footwear, Physical violence, Such reasons as academic failure, excessive tardiness or unacceptable attendance.

In 50 words or less, describe how attending our college will help you achieve your goals:

I hereby affirm that the above information is true and correct and agree to comply with the school's Drug Free policies ___ Yes ___ No
 I hereby give permission for my grades and attendance information to be released to my parents/guardians ___ Yes ___ No

Signature: _____ Date: _____

For School Use Only

Interviewer Recommendations	
Interviewer Signature:	Official Acceptance Date:
Date Interviewed:	Official Signature:
Admission Test Result:	Position: