



APPLICATION FOR ADMISSION

Please Print Clearly and Firmly



Student Information

Last Name:		First Name:		Middle Name:	
Street Address:					Apt#:
City:		State:	Zip:	County:	
Social Security No.:			Email Address:		
Home Phone: ()		Work Phone: ()		Cell Phone: ()	
Date of Birth: / /		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Registered with Selective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration#:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Driver's License #:		State Issued:	Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Limitations/Defects, if any:			Current Diagnosed Conditions:		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "Yes" to either question, please explain the offense?			

Military

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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name of School	Location (City & State)	# of Years	Years Completed	Graduation Year
High School:				
Vocational School:				
College:				
Other (Trade/Technical)				
Will you graduate on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not have a high school diploma, did you earn 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 Are any loans in default? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian Information

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

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

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

Personal References

Name:	Address:		
City:	State:	Zip:	Phone:
Name:	Address:		
City:	State:	Zip:	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 by 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	Specialty Programs	Manufacturer Training
<input type="checkbox"/> Automotive <input type="checkbox"/> Auto-Diesel <input type="checkbox"/> Diesel Equipment <input type="checkbox"/> Collision Repair & Refinishing <input type="checkbox"/> Motorcycle/PowerSport <input type="checkbox"/> Welding	<input type="checkbox"/> Generator Power Systems <input type="checkbox"/> BMW Fast Track <input type="checkbox"/> Custom Paint & Graphics <input type="checkbox"/> Edelbrock Performance Academy <input type="checkbox"/> Classic Car Restoration <input type="checkbox"/> High Performance & Racing	<input type="checkbox"/> BMW STEP <input type="checkbox"/> BMW STEP Paint & Collision <input type="checkbox"/> MINI STEP <input type="checkbox"/> International Tech-Ed Program <input type="checkbox"/> Volvo SAFE

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 safe code of industry, Refusal to wear school-issued clothing and proper footwear, Physical violence, Such reasons as academic failure, excess 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: