

**Contact Information**

Last Name		First Name		Middle Initial	Student ID (if known)
Home Address		City		State	ZIP
County	Home Phone		Cell Phone		Sex Male    Female
Email Address				Date of Birth	Social Security Number

**Demographic and High School Information**

This information is required and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only.	<b>Check all that apply</b> Asian/Asian American Black/African American Caucasian Indo-Chinese Native American Pacific Islander Other	<b>Marital Status</b> Single Divorced Married Separated Widowed	<b>High School Attended</b> Goose Creek Memorial High School Impact Early College High School Peter E. Hyland Center Robert E. Lee High School Ross S. Sterling High School Anahuac High School Barbers Hill High School Crosby High School Dayton High School East Chambers High School Hardin High School Hargrave High School Hull-Daisetta High School Liberty High School Baytown Christian Academy Other (see below)
	<b>High School Graduation Date (or GED certificate):</b> _____ / _____ / _____ month                      day                      year		If you answered Other to the High School Attended question, what is the name and location (City and State) of your high school? _____ _____

**Do you have any postsecondary education (after high school) or training?**

Yes  
 No

If yes, list organization and types of training below

School	Dates	Certificate/Degree/Area of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Program Enrollment Information**

<p><b>Please select the type of program you are enrolling in:</b></p> <p><b>INDUSTRIAL OPEN ENROLLMENT</b></p> NCCER Carpentry Level 1 NCCER Carpentry Level 3 NCCER CORE Curriculum NCCER Project Supervision NCCER Drywall Development ARC Flash (NFPA 70e) OSHA 10 - Construction Standards NCCER Electrical Level 1 <p><b>HEALTHCARE</b></p> Certified Nurse Aide (CNA) Clinical Medical Assistant (CMA) Dental Assisting EKG Technician Phlebotomy Technician Emergency Medical Technician (EMT) <p><b>OTHER</b></p> _____	<p><b>What is your PRIMARY reason for enrolling in this training?</b></p> _____ _____ _____ _____ _____
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## Financial Information

Please choose the statement that best represents your (and your spouse, if applicable) financial situation. If you ARE supported by a parent, please choose the statement that best represents your financial situation.

Please choose the right response for your financial situation:

- There is one person in my household and total 2017 income was \$14,825 or less.
- There are two people in my household and total 2017 income is \$20,025 or less.
- There are three people in my household and total 2017 income is \$25,200 or less.
- There are four people in my household and total 2017 income is \$30,375 or less.
- There are five people in my household and total 2017 income is \$35,550 or less.
- There are six people in my household and total 2017 income is \$40,725 or less.
- There are seven people in my household and total 2017 income is \$45,912 or less.
- There are eight people in my household and total 2017 income is \$51,112 or less.
- None of the above.

## Employment Information

If employed, please include employment information below.

Relationship to Applicant (If Applicant, write Applicant)		Occupation
Employer	Hours per Week	Annual Income

## Board of Regent Relationship Information

The following is a list of Lee College Board of Regents: Pete Alfaro, Dr. Keith Coburn, Weston Cotten, Mark Hall, Mark Himsel, Judy Jirrels, Susan Moore-Fontenot, Gina Guillory, Gilbert Santana. Please indicate which statement below best describes your relationship with any of the individuals.

- I am NOT related to a Regent
- I am a Regent's mother, father, daughter or son
- I am a Regent's brother, sister, grandparent or grandchild
- I am a Regent's great-grandchild, uncle (brother of parent), aunt (sister of parent), nephew (son of brother or sister), or niece (daughter of brother or sister)
- I am a Regent's spouse; spouse's child; spouse's mother or father; child's spouse; or parent's spouse
- I am a Regent's spouses's brother or sister; spouse's grandparent; spouse's grandchild; brother or sister's spouse; grandparent's spouse; or grandchild's spouse

## Additional Information

Please include any other information you would like the financial assistance committee to take into consideration.

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Signature

Date

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