



Capital Region Adult Education Program

APPLICATION FOR ADMISSION MIDDLE COLLEGE – PIVA - WORKFORCE TRAINING SUMMER 2018 SEMESTER

Date _____

I am applying for the following program(s):

____ Customer Service ____ GED/Career Exploration ____ Healthcare Bridge

____ I have a HS Diploma/GED ____ I need to complete a GED

First Name _____ Middle _____ Last _____

Address _____

City, State, Zip Code _____

Email address _____ Best way to reach me ____ Yes

Home phone number _____ Best way to reach me ____ Yes

Cell phone number _____ Best way to reach me ____ Yes

Name of an emergency contact & phone number _____

Date of birth: _____ Age: _____ Gender: ____ M ____ F Race: _____

Social Security Number XXX - XX - _____

Are you a U.S. citizen? ____ Yes ____ No (If no, what VISA do you have?) _____

How long have you lived in Virginia? _____

EDUCATION INFORMATION

Have you ever applied to a Middle College program? Yes No

Have you ever attended Reynolds or another college? Yes No

Last School attended _____
(Middle School - High School - Adult Education Programs - College)

Last grade level completed 8th 9th 10th 11th 12th Other

If you did not complete high school, please summarize what interfered with completing your secondary education.

Have you ever been enrolled in a GED® program? Yes No

If yes, which program and when? _____

Have you taken any of the Official 2014 GED® exams? Yes No

If yes, please check any official tests you have passed:

RLA – Reading / Language Arts Math Science Social Studies

Why do you want to attend the program(s) you indicated at the beginning of this application?

Additional Information

Do you have children? Yes No Do you have reliable childcare? Yes No

Are you receiving services through Social Services? Yes No

If yes, which services do you receive? TANF SNAP Other

Are you currently receiving or have you ever received services through the foster care system?

Yes No

Do you have access (**consistent**) to Bus Car Both Neither

Do you have a valid driver's license? Yes No

Do you have a valid state ID? Yes No

How did you hear about this program?

EMPLOYMENT INFORMATION

Are you currently employed? Yes No If yes, where and what are your days/hours?

How long have you worked at this job? _____

Are you currently looking for employment? Yes F/T P/T Not looking

CAREER/EDUCATIONAL GOALS

Upon completion of this program: What are your plans regarding school and work?

(Please check all answers that apply)

Plan to work part-time Plan to work full-time

Plan to attend a two-year or four-year College Major _____

• Career Goal _____

Plan to attend a training program _____

Plan to enlist in a branch of military service _____

I certify that the information I have provided is true and accurate to the best of my knowledge. By signing this application, I understand that I have allowed the Middle College program to share my information with program partners. I also understand that the TABE admission test scores, participation in an information session, an interview and completion of orientation will be used to determine acceptance into the program.

Applicant Signature

Date

Middle College – 804 523 - 5345

Email: middlecollege@reynolds.edu www.Reynolds.edu/MiddleCollege

Funding and services are provided in partnership with Strada Education Network, Capital One, Brookfield Foundation, Jackson Foundation, Virginia Credit Union, Bank of America, Region 15 Adult Education, Goodwill of Central Virginia, the Community College Workforce Alliance and the Middle College.

(5/18)