

ASCEND Application Packet



ASCEND Program Student Application Form

Applicant Information

Name _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) _____ Gender _____ Male _____ Female _____

Grade Level : ____ 9th Grade (Freshman) ____ 10th Grade (Sophomore) ____ 11th Grade (Junior) ____ 12th Grade (Senior)

High School Name _____

High School Address _____
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) _____ Cumulative GPA _____

Career Interest (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Food & Natural Resources | <input type="checkbox"/> Human Services (e.g., Social Work, Counseling) |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Audio/Visual Technology | <input type="checkbox"/> Management & Administration |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Business | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Military Services (e.g., Army, Marines, Navy, or Reserves) |
| <input type="checkbox"/> Finance Planning | <input type="checkbox"/> Science, Technology, Engineering & Math (STEM) |
| <input type="checkbox"/> Government & Public Administration Planning | <input type="checkbox"/> Transportation, Distribution & Logistics |
| <input type="checkbox"/> Health Science (Medicine, Dentistry, Nursing, Pharmacy) | <input type="checkbox"/> Vocational Trade (e.g., Automotive, Construction, Industrial, Technician) |
| <input type="checkbox"/> Hospitality & Tourism | <input type="checkbox"/> Other |

Parental/Legal Guardian Information

Name _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____
(Home Number) (Cell Number)

Emergency Contacts

Name _____
(Last Name) (First Name)

Phone _____

Email _____

Name _____
(Last Name) (First Name)

Phone _____

Email _____

