

CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT
POST SECODARY PROGRAMS

188 Crest Haven Road
Cape May Court House, NJ 08210
609.380.0200, ext. 681

Please Circle One
Cosmetology – Dental Assisting – Welding – Other _____

PS APPLICATION

PLEASE PRINT CLEARLY or TYPE

Name _____
first last middle initial maiden

Address _____
street apt# city state zip

County _____ EMAIL Address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

United States Citizen? Yes _____ No _____ Permanent Resident/Naturalization No. _____

Social Security # _____/_____/_____ Date of Birth _____/_____/_____ Age _____ Gender _____

Ethnicity (please circle one) Black Caucasian Latino Asian Other _____

Marital Status (please circle one) Single Married Divorced

Applied and/or tested for this program before? Yes _____ No _____ month & year _____

EMERGENCY CONTACT PERSON: _____ Relationship _____

Phone _____ Address _____

HIGH SCHOOL DIPLOMA or HSE/GED:
Name of School _____ Year _____

PREVIOUS EDUCATION: Check all that apply

High School _____ Associate's Degree _____

Post Secondary _____ Bachelor's Degree _____
(or higher)

Some College _____

COLLEGE / POST SECONDARY EDUCATION:

Name of School & State	Courses	Dates Enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATIONS and/or LICENSES

MILITARY SERVICE & DATES

WORK EXPERIENCE

Employed
Full-Time _____ Part-Time _____ or Unemployed _____

Employer / City / Phone	Employment Dates	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you plan to work while attending this program? Yes _____ No _____ Hrs/Week _____ Days/Week _____

PROFESSIONAL REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SURVEY QUESTIONS:

Please complete the following information to allow us to provide information as requested to the Dept. of Education for Perkins Post Secondary State Funding or other state/federal departments for funding or statistical purposes.

Your assistance is appreciated, as it will help us to provide the most accurate statistical information, but disclosure is voluntary.

- Did you have an IEP (Individual Education Plan) on file in High School? Yes _____ No _____
- Do you have a documented disability? Yes _____ No _____
- Do you have a limited proficiency in English? Yes _____ No _____
- Are you a displaced homemaker seeking employment training? Yes _____ No _____
- Are you a single parent? Yes _____ No _____
- Economically Disadvantaged (receive special services or assistance)? Yes _____ No _____
- Are your children eligible for free or reduced school lunch? Yes _____ No _____ NA _____

I certified that the statements and data I provided in this application are true and correct.

Signature _____ Date _____