



500 28TH Street, Dunbar, WV 25064
Ph: (304) 766-0369 Fax: (304) 766-0371
Website: bf.kana.k12.wv.us/home

ADULT STUDENT APPLICATION

The mission of Ben Franklin Career Center
is to prepare ***all*** students to be college and career ready.

PRINT AND COMPLETE ALL QUESTIONS:

Requested Program of Study: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

E-Mail Address: _____ Gender: M F Race: _____

Date of Birth: ____/____/____ Place of Birth: _____ SSN#: _____ - _____ - _____

Emergency Contact's Name: _____ Phone#: (____) _____ - _____

Your Physician's Name: _____ Phone#: (____) _____ - _____

Must mark one answer for *each* question below and complete the corresponding question (if applicable):

| | |
|--|--|
| Are you a resident of WV? <u> </u> Y <u> </u> N | If yes, how many years? _____ |
| Are you a US Citizen? <u> </u> Y <u> </u> N | If no, what VISA do you have? _____ |
| Are you a High School Graduate? <u> </u> Y <u> </u> N | High School Name: _____ |
| Date of Graduation: ____/____/____ | H/S City & State: _____ |
| Do you have a GED or TASC? <u> </u> Y <u> </u> N | If yes, where taken? _____ |
| Have you ever been convicted of a criminal offense? <u> </u> Y <u> </u> N | If yes, what was the offense? _____ |
| Have you attended college? <u> </u> Y <u> </u> N | If yes, where? _____ |
| Do you have a college degree? <u> </u> Y <u> </u> N | If yes, what type? _____ |
| Are you a military veteran? <u> </u> Y <u> </u> N | If yes, will you have VA education benefits? <u> </u> Y <u> </u> N |
| Have you completed the FAFSA? <u> </u> Y <u> </u> N | If yes, submission date: ____/____/____ |

If you have not completed the FAFSA, please go to WWW.FAFSA.ED.GOV to complete the application and include our school code (013732). This is required to determine your financial aid eligibility. If you are not eligible for any type of financial aid or have proof of eligibility, you will be required to pay ½ of your total program cost before the first day of classes. A monthly payment plan will be established for the remaining balance. Failure to follow the payment plan can result in suspension and/or termination.

We do not participate in any Student Loan Programs.

NOTE: YOU MUST SUBMIT A COPY OF YOUR VALID DRIVER'S LICENSE/GOVERNMENT ISSUED ID, A COPY OF YOUR HIGH SCHOOL DIPLOMA/GED OR TASC CERTIFICATE FROM AN ACCREDITED AGENCY, AND THE \$50.00 NON-REFUNDABLE APPLICATION/TESTING FEE WITH THIS APPLICATION. (A CERTIFIED TRANSCRIPT WITH GRADUATION DATE WILL ALSO MEET THE SECOND REQUIREMENT.)

I certify that all of the above statements are complete and true. I give Ben Franklin Career Center permission to use this information for internal statistical and required reporting purposes. I further understand that any willful misrepresentation of information provided may be grounds for denial of my application or dismissal from a program.

Signature: _____ **Date:** _____

*As required by federal law and regulations, the Kanawha County Board of Education and Ben Franklin Career Center do not discriminate on the basis of sex, color, religion, disability, age, or national origin in the employment practices or in the administration of any of its education programs and activities. Inquiries may be directed to the Title IX, Coordinator, Kanawha County Board of Education, 200 Elizabeth Street, Charleston, WV 25311. Phone: (304) 348-1393, or the US Department of Education, Director of Civil Rights, Phone: (215) 596-6795.

OFFICE USE ONLY: Application Receipt Date: ____/____/____
Application/Testing Fee: Amount Paid: \$_____ Date of Payment: ____/____/____ Payment Type: _____