



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

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?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many years? _____
Are you a US Citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, what VISA do you have? _____
Are you a High School Graduate?	<input type="checkbox"/> Y <input type="checkbox"/> N	High School Name: _____
Date of Graduation: ____/____/____		H/S City & State: _____
Do you have a HS Equivalency Test?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, which one? _____
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what was the offense? _____
Have you attended college?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, where? _____
Do you have a college degree?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what type? _____
Are you a military veteran?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, will you have VA education benefits? <input type="checkbox"/> Y <input type="checkbox"/> N
Have you completed the FAFSA?	<input type="checkbox"/> Y <input type="checkbox"/> 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/HIGH SCHOOL EQUIVALENCY TEST CERTIFICATE (FROM AN ACCREDITED AGENCY), AND THE 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: _____