Please submit <u>with</u> payment to:

Workforce Education Dept.
Eastern West Virginia
Community & Technical College
316 Eastern Drive, Moorefield, WV 26836
FAX: 304-434-7003

Name _____
             Last   First   Middle   Maiden

Social Security Number __ __ __ - __ __ - __ __ __ __   Birth Date __ __/__ __/__ __ __ __   Gender ☐ Male ☐ Female
                                                    M   D   Y

Home Address _____ Phone (___)_____
                          Street/Box Number

_____
         City   County   State   Zip

E-mail_____ Mobile Phone (___) _____

Agency / Business: _____

Please check **ALL** ethnicity codes that apply to you:
☐ American Indian or Alaskan
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

Please check appropriate answer:
Hispanic or Latino? ☐ Yes ☐ No

Please check **ALL** race codes that apply to you:
☐ American Indian
☐ Asian
☐ Black
☐ White
☐ Pacific Islander

Are you a United States Citizen?
☐ Yes ☐ No
If no, please indicate immigration status:
☐ Refugee
☐ Permanent Resident with Alien Card
   (Please send copy of both sides)
☐ Non-Immigrant / Other Visa Type
   (Please specify type)

☐ High School Graduate
☐ GED Certificate Holder
☐ Neither
What year did you graduate, get your GED, or expect to do so? __ __ __ __

Which high school did you attend or are you attending?

High School _____

Location _____

Course/Program: _____

_____   _____
Signature   Date

Payment Method: _____ VISA   _____ MasterCard   _____ Check Enclosed

Credit Card #: _____ Exp. _____ Security Code: _____