

MINGO EXTENDED LEARNING CENTER APPLICATION FOR ADMISSION

General Instructions:

To complete the application process you must do the following:

1. Complete this form and bring it with you or select send online to MELC.
2. Call for an appointment with the Admissions Counselor to complete the application process.
3. Bring the following information with you to the conference with the Admissions Counselor: this application, a copy of your birth certificate or driver's license, and a high school transcript or diploma, or GED report of scores.
4. All applicants must take a pre-entrance assessment test <http://www.atitesting.com> and meet requirements for the desired program prior to registering.
5. If you desire financial assistance, the appropriate forms must be filled out and submitted to the Financial Aid advisor.

FINANCIAL AID

Financial aid is available for those who qualify. Please call the financial aid advisor counselor for more information.

Kristi Parsley Adams 304-475-3347 ext. 13 Wednesday & Thursday – 8:30 a.m.-1130 a.m.

This application needs to be completed online and able to be sent online to tbevins@k12.wv.us and thoffman@k12.wv.us.

Please Print

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ email _____ Birthdate _____

Are you a West Virginia resident? Y/N If Yes, how many years? _____

Are you a United States citizen? Y/N If No, what type of VISA do you have? _____

Are you a high school graduate? Y/N High School Name _____

Do you have a GED? Y/N If Yes, what county was it taken? _____

Have you ever been convicted, pled guilty, or pled no contest to a felony or misdemeanor? Y/N If Yes Explain _____

Previous schools attended after high school: _____

REQUESTED PROGRAM

<u>DIESEL</u>	<u>PRACTICAL NURSING</u>	<u>BUSINESS</u>	<u>Therapeutic Services</u>	<u>PART TIME</u>
<input type="checkbox"/> Diesel Technology I	<input type="checkbox"/> Practical Nursing I	<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundamentals of Nursing	<input type="checkbox"/> Business
<input type="checkbox"/> Diesel Technology II	<input type="checkbox"/> Practical Nursing 2	<input type="checkbox"/> & Business Support	<input type="checkbox"/> Electrocardiogram	<input type="checkbox"/> Medical
	<input type="checkbox"/> Practical Nursing 3	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Other

Participating Financial Aid Agencies: Please mark appropriate one(s):

Pell _____ HEAPS _____ DHHR _____ Vocational. Rehab _____
 WIA _____ TAA _____ Veterans _____ Others _____

WE DO NOT PARTICIPATE IN STUDENT LOAN PROGRAMS

I certify that all statements in this application are complete and true. I give Mingo Extended Learning Center permission to use this information for internal statistical and reporting purposes. I further understand that any willful misrepresentation of information given may be grounds for denial of my admission or dismissal.

STUDENT SIGNATURE _____ DATE _____