

Program of Study: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Do you have HS Diploma or GED? \_\_\_\_\_

How did you hear about MT Training Center? (Please circle all that apply)

Google Search <input type="checkbox"/>	Friend <input type="checkbox"/>	Facebook <input type="checkbox"/>	Texas Workforce Caseworker Name	Parole Meeting Officer
Craigslist <input type="checkbox"/>	5 Mile App <input type="checkbox"/>	Job Fair <input type="checkbox"/>	TORI <input type="checkbox"/>	Radio <input type="checkbox"/>

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**Financial Aid Department Use Only**

Eligible for Enrollment: ☐ Yes ☐ No

First Time Borrower: ☐ Yes ☐ No

First Time Degree Seeker: ☐ Yes ☐ No

If no what are next steps?

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FSA Officer Name: \_\_\_\_\_

**MT TRAINING CENTER  
APPLICATION FOR ADMISSION**

OFFICE OF ADMISSIONS  
1801 S. GREAT SOUTHWEST PARKWAY  
GRAND PRAIRIE, TX 75051  
[www.mttraining.org](http://www.mttraining.org)  
972-262-5395



**PLEASE PRINT OR TYPE, USE DARK INK**

<b>DATE OF APPLICATION</b>					
MM/DD/YYYY					
<b>LEGAL NAME</b>					
Last Name	First Name	Middle Name	Suffix (Jr, Sr, III)	Preferred First Name	
<b>OTHER NAMES UNDER WHICH YOUR RECORDS MAY APPEAR</b>					
Other Name 1	Other Name 2	Other Name 3	Maiden Name		
<b>STUDENT INFORMATION</b>					
U.S. Social Security Number*	Birth Date MM/DD/YYYY	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>			
<b>STUDENT PERMANENT HOME ADDRESS</b>					
Number	Street Name	City	State	Zip Code	Country
<b>MAILING ADDRESS FOR REPLY</b> <input type="checkbox"/> Check here if same as above					
Number	Street Name	City	State	Zip Code	Country
<b>PHONE NUMBER AND E-MAIL ADDRESS</b>					
Home Telephone ( )	Cell Phone ( )	Work Phone ( )	Email Address		
<b>EMERGENCY CONTACT INFORMATION</b>					
Last Name	First Name	Middle Name	Phone ( )		
Last Name	First Name	Middle Name	Phone ( )		
<b>CITIZENSHIP INFORMATION: Please check the appropriate box</b>					
<input type="checkbox"/> U.S. Citizen	Country of Birth		Country of Citizenship (if not U.S.)		
<input type="checkbox"/> U.S. Permanent Resident					
<input type="checkbox"/> Non-U.S. Citizen					
<b>RESIDENT STATUS</b>					
TX Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long:	Years	Months	<input type="checkbox"/> Non-Resident	
<b>ETHNICITY</b>					
<input type="checkbox"/> Hispanic of any race <input type="checkbox"/> Non-Hispanic					
<b>RACE INFORMATION:</b> (Race information is voluntary and is requested for reporting purposes only, in accordance with the 1964 Civil Rights Act as amended (U.S. Citizens Only))					
<input type="checkbox"/> White <input type="checkbox"/> Black or African-American American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Indicate Tribe of Enrollment) <input type="checkbox"/> Indian or Alaska Native					
(Please list your American Indian or Alaskan Native Tribal Affiliation in the space provided and submit a copy of your tribal membership card to the Office of Admissions for the purpose of eligibility for programs and services)					
<b>U.S. VETERAN INFORMATION</b>		<b>SELECTIVE SERVICE REGISTRATION – Have you registered with Selective Service?</b>			
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable – I am not required to register with Selective Service			

LEGAL NAME				
Last Name	First Name	Middle Name	Suffix (Jr, Sr, III)	Preferred First Name
EDUCATIONAL PROGRAM FOR WHICH YOU ARE SUBMITTING YOUR APPLICATION - (Please indicate DAY or EVENING Class Preference)				
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> EKG Technician	<input type="checkbox"/> Truck Driving		
<input type="checkbox"/> Advanced CDL Training for the Entrepreneur	<input type="checkbox"/> Gunsmithing	<input type="checkbox"/> Computerized Accounting Distance Education		
<input type="checkbox"/> Business Office Specialist	<input type="checkbox"/> Medical Billing and Coding	<input type="checkbox"/> ABE (pre-vocational training)		
<input type="checkbox"/> Combination Welding	<input type="checkbox"/> Medical Front Office	<input type="checkbox"/> ESL (pre-vocational training)		
<input type="checkbox"/> Computer Numerical Control Machinist	<input type="checkbox"/> Medical Secretary	<input type="checkbox"/> GED (pre-vocational training)		
<input type="checkbox"/> Computerized Accounting	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> <b>DAY CLASSES PREFERRED</b>		
<input type="checkbox"/> <b>EVENING CLASSES PREFERRED</b>				
YOUR EDUCATIONAL LEVEL – Please Provide Transcripts for All Educational Institutions You Have Attended				
<input type="checkbox"/> Less than high school	<input type="checkbox"/> GED passed			
<input type="checkbox"/> Currently in high school	<input type="checkbox"/> Some college credits			
<input type="checkbox"/> Certificate of high school completion	<input type="checkbox"/> Associate's degree			
<input type="checkbox"/> Official high school diploma	<input type="checkbox"/> Bachelor' degree or higher			
HIGH SCHOOL INFORMATION		<input type="checkbox"/> Not Applicable		
Graduation Date MM/DD/YYYY	Name of High School	City and State of High School		
Graduation Date MM/DD/YYYY	Name of High School	City and State of High School		
Graduation Date MM/DD/YYYY	Name of High School	City and State of High School		
COLLEGE INFORMATION		<input type="checkbox"/> Not Applicable		
Graduation Date MM/DD/YYYY	Name of Institution	City and State of College		
Graduation Date MM/DD/YYYY	Name of Institution	City and State of College		
DISCLOSURE – This section is mandatory. Failure to complete fully may either delay your application or affect your enrollment status should you be enrolled.				
Have you ever been expelled from a high school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been expelled or suspended from a college or university as a result of a <b>NON-ACADEMIC</b> issue?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently under a felony indictment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever entered a plea of guilty or nolo contendere?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever received a suspended/deferred sentence to a felony charge?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever had a protective order issued against you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered YES to any of the above questions, please write a description of the circumstances on a separate paper and submit to the Office of Admissions with your application. No decision will be made on your application until you have provided this documentation.				
AFFIRMATION				
I affirm by my signature that I have furnished all information requested in this application. I understand that submitting any false information to the MT Training Center, including but not limited to: false transcripts, test scores or any information contained on this form, or withholding information about my previous academic history will make my application to the MT Training Center, as well as any future applications, subject to denial and/or expulsion from the school.				

Applicant Signature

Date of Application

AREA FOR OFFICE USE ONLY							
TERM ENTER	ADMIT TYPE	STUDENT TYPE	RES	APPL FEE	<input type="checkbox"/>	EX	FEL

\*Not required for admission, but it is used for IRS reporting and Financial Aid. It will not be on your student ID. You will be notified of your permanent MT Training Center ID once it has been assigned.



# Personal Data Sheet

## Student Information

Last Name:	First Name:
Address:	City, State and Zip:
Home Phone:	Cell Phone:

## Reference Contact Information 1

Last Name:	First Name:
Address:	City, State and Zip:
Home Phone:	Cell Phone:
Relationship to Student:	

## Reference Contact Information 2

Last Name:	First Name:
Address:	City, State and Zip:
Home Phone:	Cell Phone:
Relationship to Student:	

## Reference Contact Information 3

Last Name:	First Name:
Address:	City, State and Zip:
Home Phone:	Cell Phone:
Relationship to Student:	