



**Personal Information (Required)**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Legal Last Name      Legal First Name      Legal Middle Name      (Maiden or Alias Names)

Address \_\_\_\_\_  
Street      City      State      Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School District of Residence \_\_\_\_\_ Email \_\_\_\_\_

**Demographic Information is used for statistical purposes only and is not used to determine admission.**

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender Male Female

Ethnicity Hispanic of any Race American Indian or Alaska Native Asian Black or African American  
 Native Hawaiian or Other Pacific Islander White Two or More Races Non-Resident Alien Unknown

**Special Population (Check all that apply)**

Economically Disadvantaged Educationally Disadvantaged Limited English Proficiency Disabled Single Parent  
 Displaced Homemaker Seeking Non-Traditional Training Migrant Worker

**Educational Information**

Do you have a High School Diploma, GED, or Equivalent? Yes No

High School Name / Location \_\_\_\_\_

Grade Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

Have you previously attended College / Trade / Business School? Yes No

College or School Name / Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major / Area of Study \_\_\_\_\_

Diploma / Degree \_\_\_\_\_ Date Graduated \_\_\_\_\_

Is Employer / Other Funding You? Yes No

Materials Option: Will Provide My Will Pay The Materials Charge



**EXPANDED FUNCTION DENTAL  
ASSISTANT APPLICATION (Continued)**

**How Did You Hear of Us (Check all That Apply)**

Radio	Television	Magazine	Brochure	Current or Former Student
Internet Search	Website	High School	Job Counselor / Careerlink	Event/Tradeshow
Billboard	Transit Bus Poster	Truck Banner	CTC Instructor / Staff	Barnstormers Game
Newspaper	Friends/Family	Employer	Social Media	Drove By Campus

I certify that the information I have provided is true and correct. I hereby understand that any misrepresentation of information I have provided in this application may result in denial of admission into the program or dismissal from the program. I also understand that if I am dismissed from the program for providing false information, I am responsible for any balance owed to the school at the time of dismissal. I have read and understand the Program Cost break down and School Refund policy as described within the application packet. I understand that I will need to pay a \$100.00 good faith payment to secure my enrollment.

---

Applicant's Signature

---

Date

**Statement of Nondiscrimination**

Lancaster County Career & Technology Center is an equal opportunity education institution and will not discriminate in employment, education programs, or activities on the basis of race, color, religion, ancestry, national origin, sex, sexual orientation, age or disability. This policy of nondiscrimination extends to all other legally protected classifications under state and federal laws. For information regarding the Americans with Disabilities Act (ADA), the rights of an individual with a disability, our obligations under ADA, or grievance procedures, contact the Business Manager and ADA Coordinator, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584-0527. Telephone: (717) 464-7050 For inquiries regarding other nondiscriminatory policies and programs, or for information regarding services, activities, programs and facilities that are accessible to and usable by both disabled persons and national origin minority persons who lack English language skills, contact the Director of Student Services and Coordinator for Title VI, Title IX and Section 504, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584. Telephone: 717-208-3124.