

Admission Application - Servicemember Agricultural Vocation Education (SAVE)



APPLICATION FOR ADMISSION TO CERTIFICATE AND OTHER PROGRAMS

Complete this application if you are seeking admittance into a certificate program

Submission of this application does not guarantee admission into your program of choice on the desired entry data. However, once accepted, SAVE will work with you to develop a study plan suited to your needs.

Please be aware that SAVE is not currently certified to accept international students.

Please contact us at 785-370-3642 if you have any questions with this process.

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

PREFERRED NAME:

BIRTH/MAIDEN NAME:

GENDER:

MALE

FEMALE

SOCIAL SECURITY
NUMBER:

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER (MOBILE)

Does SAVE have permission to send you mobile text messages?	YES
	NO

ADDRESS INFORMATION

CURRENT MAILING ADDRESS

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

PERMANENT MAILING ADDRESS

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

DEMOGRAPHIC INFORMATION

Are you a U.S. citizen?	Yes	No
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If you are not currently a U.S. citizen, what is your resident status?	Resident Alien
	Nonresident Alien
	Other

Race (choose one or more)	White
	Native Hawaiian or Other Pacific Islander
	Black or African American
	Asian
	American Indian or Alaska Native

Ethnicity	Not Hispanic / Latino
	Hispanic / Latino

Is English your native language?	Yes
	No

Are you disabled? Yes
 No
 Prefer not to answer

ARMED SERVICE INFORMATION

Are you a full-time Active Duty Service member?	Yes	No
Are you a veteran of Active Duty Forces, National Guard, or Reserve Forces?	Yes	No
Are you in an un-activated National Guard or other Reserve Unit?	Yes	No
Are you in an activated National Guard or other Reserve Unit?	Yes	No
Will you be receiving veteran's benefits?	Yes	No
Do you have a disability rating from the Veteran's Administration or an armed services component?	Yes	No
Do you desire continuing care for a disability while a student in a SAVE program?	Yes	No

Note: When submitting this form, please provide proof of military service (copy of DD214) or memo from your immediate supervisor, if on active duty.

ACADEMIC INFORMATION

Desired year looking to start?

Desired semester/period looking to start?

Which option best describes your academic goal?

SAVE / PARTNER CLASS INTEREST

Please list course number and
name of classes interested in:

EDUCATION

Did you graduate high school? Yes No

Please use the fields below to provide information on high schools or colleges attended. Start with the most-recently attended school first. Include all secondary (high school) and post-secondary (junior college, community college, university, etc.) for which you have graduated or received applicable credit.

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.

How did you hear about the
SAVE organization?

By signing this form, I attest that the aforementioned information is true and correct to the best of my ability.

SIGNATURE

DATE