

The Uniquely Abled Academy
Glendale Community College CNC Operator Training
Initial Student Application

All information provided is strictly confidential. This form should be completed by the applicant, parent, or conservator. Proof of conservatorship will be required with the Final Application.

GENERAL INFORMATION

Date _____

Male Female

Full Name _____

Nickname _____

Date of Birth _____

Citizenship _____ Age _____

Place of Birth _____

With whom do you live? _____

Street Address _____

City, State _____

Email Address _____

Zip Code _____

Home Phone _____

Cell Phone _____

Current Occupation _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Street Address _____ Street Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Occupation _____ Occupation _____



PRIMARY CONTACT PERSON (FROM ABOVE)

Mother Father Other

If "Other:"

Name _____ Relationship _____ Phone # _____

EDUCATIONAL INFORMATION

List all high school, college, post-secondary transition, or other specialized programs, trade, or vocational schools you have attended.

Full High School Name	Dates Attended	Diploma or Certificate of Completion
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Have you ever been suspended or dismissed from school? Yes No

If yes, please explain _____



Please describe any jobs (either paid or volunteer), programs or activities you have participated in since high school:

APPLICANT INFORMATION

Are you a client of a Regional Center? Yes No

Do you receive Department of Rehabilitation Services? Yes No

Do you receive any other services? Yes No (e.g. Life Skills Coaching, Behavior Management, etc.)? Please List _____

Do you receive SSI? Yes No

SPECIAL INFORMATION

What programs do you use on the computer?

Please list your strengths, talents, interests and hobbies _____

How did you hear about the Uniquely Abled Academy for CNC Training?



Are you prepared and able to attend the UA Academy at Glendale Community College 4 days a week, 8am-3pm, September 18-December 13, 2017 (with occasional field trips on Friday)? _____

Please provide any additional information that you feel will be helpful when we evaluate your potential as a trainee.

STATEMENT OF AUTHENTICITY

Name of person completing application _____

If NOT applicant, please list relationship to applicant and provide contact information:

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF TRAINEE/APPLICANT

DATE

SIGNATURE OF PARENT/CONSERVATOR

DATE

Please send application to: info@uniquelyabledproject.org and/or to the address below. **Send any questions to:** info@uniquelyabledproject.org

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Telephone: (818) 505-9915 • Fax: (818) 505-9916
Uniquelyabledproject.org