



For college purposes.
Sponsor: HAF
Name of training: _____

Applicant Information for MCCS Training Programs

First Name _____ **Full Middle Name** _____ **Last Name** _____ **Suffix** _____

Maiden/Birth/Other Name: (if applicable) _____

Address Line 1 _____

Address Line 2 _____

City _____ **State** _____ **Zip** _____

Home Phone Number _____ **Mobile Phone Number** _____

Email Address _____

Date of Birth _____

Social Security Number _____

We respect your privacy. Access to your Social Security Number is restricted but is requested in order to evaluate program outcomes.

Please select the gender with which you most identify:

- Male
- Female

Are you Hispanic/Latino?

- Yes
- Not

Race (Select one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

Education (highest completed):

- High school diploma, GED or HiSet
- Some college/no credential
- Credential < 2-year degree (< associate degree)
- Associate degree
- Bachelor's degree
- Master's degree or higher

Are you currently employed:

- Yes
- No

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