



Application for Interview & Admittance

Student Information

Full Legal Name:	Nickname:
DOB:	Age:
Mailing Address:	City/State/Zip:
Personal Phone:	Religious Preferences:
Home Phone:	Dietary Preferences:
SSN:	Gender:
Height:	Weight:

Parent / Guardian Information (Primary)

Parent / Guardian Relationship:	Preferred Contact Method:
Name:	
Address:	Emergency Contact: <i>Y / N</i>
Y DOB:	
City/State/Zip:	Job Title:
Country:	Employer:
Home Phone:	Work Phone:
Mobile Phone:	Work Email:
Personal Email:	Fax:

Parent / Guardian Information (Secondary)

Parent / Guardian Relationship:	Preferred Contact Method:
Name:	
Address:	Emergency Contact: <i>Y / N</i>
DOB:	
City/State/Zip:	Job Title:
Country:	Employer:
Home Phone:	Work Phone:
Mobile Phone:	Work Email:
Personal Email:	Fax:

Education Information

If you have attended college before, what is your current grade level: _____

Are you currently attending college? Y / N

If so, which one? _____

GPA: _____

Number of Credit Hours Attained: _____

What areas of study interest you?:

Which areas of study do you feel you need the most assistance with?

Other Interests? (Clubs, Sports, Activities)?

Have you had past assistance with a learning difference?

Independent Living & Work Skills History

Have you ever lived out of the house, alone or with roommates?

How was that experience?

Do you have a valid US driver's license? _____

How would you describe your skills/experience with household skills? (Laundry, cooking, cleaning, budgeting, etc)

What sort of work, vocational or volunteering experience have you had?

What types of careers could you see yourself having in your future?

What are your Goals?

What areas of your life or education would you like to improve by attending Northwest College Support?

How would you describe your academic strengths?

How would you describe your academic weaknesses?

What events led to your application to Northwest College Support?

Medical and Testing Information

Do you have any known medical issues?

Have you had any past psychiatric testing, if so, what were the results?

Date of last psychiatric testing: _____

Any known allergies / asthma / reactions to medication?

Do you regularly engage in physical activities? If so, is there sport or activity you enjoy?

Are there any other medical conditions or considerations we should be aware of while considering your application?

How did you hear about us?

Referring Professional (if applicable): _____

Insurance Information

Insurance Carrier:	
Address:	
City/State/Zip:	
Benefits Phone Number:	
Policy Holder's Name:	
Group Number	
Employer:	

Secondary Insurance Carrier:	
Address:	
City/State/Zip:	
Benefits Phone Number:	
Policy Holder's Name:	
Group Number	
Employer:	