



OPERATION EDUCATION

Application for Admission

Please type or print in ink on both sides.

Personal Information

Full Name: Mr. Mrs. Ms. _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Are you married? Yes No

Number of dependent children who live with you _____

Social Security Number _____

Date of Birth _____

Are you a U.S. citizen? Yes No

If no, are you a permanent resident Yes No

Have either of your parents graduated from a four-year college? Yes No

Do you plan to live on campus? Yes No (Full time students only.)

Academic Information

Please contact your high school (and GED source if applicable) to request that an official transcript be sent directly to Adrian College Admissions, 110 South Madison Street, Adrian, MI 49221

If the name on your transcripts is different than your name above, please note the name that will appear on transcripts.

High school attended _____

Location _____

Graduation date _____

GED location _____

GED date _____

Please list all colleges or universities attended beginning with the most recent. Contact each institution to request that they send official transcripts directly to Adrian College Admissions at the address listed above.

College _____

City, State _____

Dates of attendance _____

Degree earned _____

Briefly describe why you would like to attend Adrian College. (attach additional sheets if necessary.) _____

Career goal(s) _____

Enrolling: Fall (Aug.)

Spring (Jan.)

Year _____

Full-time

Part-time

Applicants need to file the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov by March 1st or as soon as possible. List Adrian, code 002234, to receive your results.

Will you receive financial assistance form other sources? Yes No

If Yes, please list source(s) _____

Disability Information

Check all that apply: (Attach additional sheets if necessary)

- | | | |
|--------------------------------|---|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mobility/Orthopedic (non-wheelchair) |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Mobility/Orthopedic - wheelchair user |
| <input type="checkbox"/> Other | <input type="checkbox"/> Traumatic Brain Injury (TBI) | <input type="checkbox"/> Chronic Health Condition |

Please describe _____

Date of injury, location, and military operation, if applicable: _____

(example: Oct. 04, Baghdad, OIF II)

Briefly describe your injury, the resulting disability and the circumstances in which it was sustained.

What limitation(s) are imposed by your disability?

What are the injury-related adjustments or accommodations you currently use?

Identify the disability-related academic adjustments or accommodations you anticipate needing while at Adrian College?

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing accommodations | <input type="checkbox"/> Campus/classroom access | <input type="checkbox"/> Preferential seating in classroom |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Specialized medical care | <input type="checkbox"/> On-Campus transportation |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Off-Campus transportation |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Specialized furniture in classroom | <input type="checkbox"/> Emergency evacuation assistance |
| | <input type="checkbox"/> Electronic devices in classroom | <input type="checkbox"/> Academic adjustments |
- (i.e. Brailenote, laptop; FM system) (testing accommodations, computer access, note-taker/scribe, hearing device, language/oral interpreter/captioner, etc.)

Other adaptive equipment or accommodative services

Application Check List

- Submit a complete Admission Application to Adrian College.
- Provide a copy of the DD214 document as soon as one is issued.
- Provide **disability documentation**. Submit a copy of the Disability Rating Letter from the Veterans Administration, an official letter or other medical record documents from the attending licensed medical physician. The letter or medical documents must include a narrative interpretation summary, which confirms the date of injury, provides a description of the injury and/or resulting disability, and explains the disability's impact on one or more major life functions. **To be considered, applications must include appropriate disability documentation.**
- Applicants must submit the Free Application for Federal Student Aid (FAFSA) to the federal processor no later than August 1 for fall semester admits and December 1 for spring semester admits, Applicants should file an electronic FAFSA application at: www.fafsa.ed.gov. for priority consideration for federal aid programs submit the FAFSA by February 15 prior to the academic year in which you will enroll.

Due Dates for Application Materials

Applicants who are admitted to Adrian for the fall term should return the complete forms and documentation no later than August 1. Applications received after these dates may be considered contingent upon available funds.

Note: Once funded, recipients will automatically receive scholarship funds for subsequent years, provided they are enrolled as active students and are maintaining satisfactory academic progress towards their degree. The level of funding may change from year to year depending on the needs of the recipient, other resources, and the funding available for this program.

Applicant statement

I certify that the information given on this application is complete and accurate to the best of my knowledge. I understand that all documents submitted become the property of Adrian College. Understand that any misrepresentation of information on the form could render me subject to immediate dismissal from the College.

Signature _____

For more information call Kristi Maxwell at 517-264-3142 or kmaxwell@adrian.edu, 110 S. Madison Street, Adrian, MI 49221