

CHARTER OAK STATE COLLEGE  
APPLICATION  
CT WAGE Program

FOR OFFICIAL USE  
App. Pd. \_\_\_\_\_  
Ent. \_\_\_\_\_  
Enr. Date \_\_\_\_\_

**APPLICANT INFORMATION**

(Please type or print)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial

Maiden Name/Other Names: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City ST Zip

Ph #: (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Daytime

E- Mail Address \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated Are you a U.S. Citizen:  Yes  No  
 Male  Female

**ETHNIC BACKGROUND** (check one) – Used for statistical purposes only and will not affect your eligibility for the program.

- American Indian/Alaskan Native  Asian or Pacific Islander  Hispanic  Non-Resident Alien  
 Black, Non-Hispanic  White, Non-Hispanic  Other  Prefer not to Respond

WERE YOU EVER AN AFDC/TANF RECIPIENT?  Yes  No

Dependents: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company Name City ST

Employed:  Full-time  Part-time \_\_\_\_\_  
How long

Former Employer: \_\_\_\_\_  
Company Name Position Held How Long

Please check field below for area of employment:

- Government  Business/Industry  Education  Military  
 Health Field  Social/Religious  Self-Employed

**HOW DID YOU LEARN ABOUT CHARTER OAK STATE COLLEGE:**

- Newspaper Ad.    Magazine    Workplace    Current Student    Family/Friend    College referral  
 Other: \_\_\_\_\_

**ACADEMIC INFORMATION**

Degree Earned:  Associate - Major: \_\_\_\_\_ Certifications: \_\_\_\_\_

Degree Program you are now seeking with the CT WAGE Program:  Associate    Baccalaureate

Concentration Interest: \_\_\_\_\_

Please list all colleges attended, dates of attendance and number of credits earned:

Name of College	Dates Attended	# of Credits Earned	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT STATEMENTS**

Please use the space below to explain any special circumstances not included on the application that would assist us in determining your eligibility for this program. Also, please tell us why you want to complete your degree.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If you need additional space, attach a separate sheet of paper)**

*All information contained in your application and in supporting materials is confidential.*

All of the information in this application is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given in this application. This proof includes a copy of my U.S. Tax Return and may include other documentation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**FINANCIAL BACKGROUND**

Are you dependent on someone else for your support?  Totally  Partially  Not at all

If totally or partially supported, what is the Adjusted Gross Income of the person(s) providing your support? Current Year Estimate \$ \_\_\_\_\_ Prior Year \$ \_\_\_\_\_

<i>(Estimate if necessary)</i>	<i>Current Year</i>	<i>Prior Year</i>
<b><u>INCOME</u></b>		
Applicant's wages		
Unemployment benefits		
Social Security benefits		
AFDC/TANIF Benefits		
Child support received for all children		
Veteran's Educational Benefits		
Scholarships		
Other Grants		
Loans		
Corporate reimbursement		
Amount of income received from supporting person(s)		
Other (describe):		

**The following questions will only be used to determine your financial aid eligibility.**

1. Have you been convicted for possessing or selling illegal drugs?  Yes  No

If yes, go to question 2.

2. Did the offense for possessing or selling illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study)?  Yes  No

**PLEASE ANSWER AND SUBMIT WITH WIT/CT WAGE APPLICATION**

Do you have sufficient computer/technology experience to take online courses? As part of the program, the College Provides a laptop and reimburses a portion of Internet service so that the participant can take online courses without having to attend classes.

YES  NO

Are you self-motivated? Can you study on your own? Classes are conducted via an online format, so classwork will be completed in your home or in a public venue on the laptop. You need to be self-motivated and set aside at least two to three hours a day for each course of study.

YES  NO

Can you take at least two courses each semester and one summer course? Unless an unexpected circumstance arises, each participant is required to take two courses each semester.

YES  NO

Do you have time in your schedule to come to the College to pick-up books and other materials, and to meet with the Program Coordinator about your educational program of study when needed? Pick-up times for books and materials are always flexible and will work with your schedule.

YES  NO

Have you ever dropped out, withdrew or failed a course? When a program participant drops out, withdraws or fails a course, payment for the course is still required. Furthermore, this could then have an adverse effect on your Student Financial Aid eligibility.

YES  NO

Have you ever applied for Student Financial Aid (SFA)? If accepted into one of the programs, you will be required to complete the SFA forms in a timely fashion. Most forms will need to be completed online and you may be asked to provide the College's Student Financial Aid Office with a tax transcript. You will not be accepted into the program if you are in default of a student loan!

YES  NO

**Please send application material including a copy of your transcript/transcripts to the following address:**

Delores Bell  
Coordinator, Special Program  
Charter Oak State College  
55 Paul J. Manafort Drive  
New Britain, CT 06053-2150

**Or**

**Send via Fax to:**

Attn: Delores Bell  
Coordinator, Special Programs  
(Fax#) 860-606-9674