

**CHARTER OAK STATE COLLEGE  
APPLICATION  
Women in Transition 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

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

**ETHNIC BACKGROUND** (check one)

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

**MILITARY STATUS: BRANCH:** ( ) Army    ( ) Marines    ( ) Coast Guard    ( ) Navy    ( ) Air Force    ( ) National Guard

Dates of Active Service: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

**ACADEMIC INFORMATION**

Degree Program:  Associate  Baccalaureate Concentration: \_\_\_\_\_

Degree Program you are now seeking with the Women in Transition Program:  Associate  Baccalaureate

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		
Income from supporting person(s)		
Other (describe):		

<b>TOTAL INCOME</b>		
<b><u>EXPENSES</u></b>		
Rent		
Mortgage		
Board (if living with parents)		
Child care		
Uninsured medical/dental costs		
Tuition/fees		
Books/supplies		
Transportation		
Other (describe)		