

Name:_____

Date: _____

Please submit the h considered.	ousing application v Academic Transcript Personal Statement Resume'	with the following item	s. Incomplete applications will not be
Current Address:			
Primary Phone: Email:	()	Alternate Ph	one: _()
Emergency Contact Current Address:			
Primary Phone:	$\overline{()}$	Alternate Pho	
	/		
Educational Backgro		ent (GED/Hi-Set) 🗖 Some o	college 🖵 Other:
High School Name:		D	ate completed:
2. Do you smoke	been convicted of, plead	☐ Yes □ No d guilty to or been placed o	n probation for any crime?
	Date:	State:	<u>City</u>
4. Are any of the	above convictions a felo	ony? 🗆 Yes 🗆 No If YE	S, Please explain
			te sex offender registration program?
6. Are there any c	criminal charges pending	g now? 🗆 Yes 🗆 No 🛛 If Y	ES, please explain
that were answered YES of	on this application will be v	erified through the appropriat	I from the application process. All questions the third-party source. It will be your responsibility d verify your eligibility. This will include names,

	Do you own a vehicle?		□ No	If YES, Make/Model/Year:
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addresses, phone and fax numbers,, and any other information required to expedite this process.

Page 2 Income Information:

Do you receive OR expect to receive income from:

Employment wages or salaries? Federal Assistance? Financial Aid? 🛛 Yes 🗆 No

Source	<u>of Benefit</u>				
			<u>Amount</u>		
Post-Secondary Information	ion				
I. Have you been fully accepte	d to the Tennessee College of A	pplied Technology? 🗆 Yes 🗆	Νο		
a. If YES, acceptanc	e date				
b. Are you on a waiting list to start your program? 🗆 Yes 🗆 No					
2. What is your intended program of study?					
Please provide two references who are not family members.					
I. Name	Number:	E-mail:			
2. Name	Number:	E-mail:			
Attach a typed personal statement OR respond to two essay questions. The Personal Statement describes how your world shaped your goals, dreams and aspirations (2 pages double					

spaced)

Essay Questions (Choose two, type one page each, double spaced)

I. Who in your life has been your biggest influence and why?

2. How has your family background affected the way you see the world?

3. Where do you see yourself 10 years from now?

4. Recount a time when you experienced failure. How did it affect you, and what did you learn from the experience?

5. What do you consider the best advice you ever received? Who gave you the advice and did you follow that advice or not?

Signature Clause:

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I hereby grant this property owner and Martha O' Bryan Center the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Signature

Date

You may give your completed application to your high school college counselor at Top Floor, College Zone, or The Hub.

You can also e-mail your completed application to tscott@marthaobryan.org or aallen@marthaobryan.org.

		Staff Use Only	
Application Date: Desired Move-In Date:	Time:	_Application Received By: _	