APPLICANT DATA RECORD

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. **Submission of information is voluntary and is not a part of the admissions process.**

This data is for periodic reporting and will be kept in a Confidential File separate from the Application for Admission to the program.

Please print name _____
Last First Middle

Date _____ Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Seeking admission to please ☑ one

- ❑ DENTAL HYGIENE
- ❑ DIAGNOSTIC MEDICAL IMAGING – RADIOLOGY
- ❑ DIAGNOSTIC MEDICAL IMAGING – SONOGRAPHY
- ❑ EMERGENCY MEDICAL SERVICES TECHNOLOGY
- ❑ MEDICAL CODING
- ❑ MEDICAL LABORATORY TECHNOLOGY
- ❑ NURSING – ASSOCIATE DEGREE
- ❑ NURSING – LICENSED VOCATIONAL
- ❑ OCCUPATIONAL THERAPY ASSISTANT
- ❑ PERSONAL FITNESS TRAINER
- ❑ PHARMACY TECHNICIAN
- ❑ PHLEBOTOMY
- ❑ PHYSICAL THERAPIST ASSISTANT
- ❑ SURGICAL TECHNOLOGY

REFERRAL SOURCE

please ☑ all that apply and enter the corresponding information

- ❑ A - Advertisement
  National Publication_____
  Newspaper_____
- ❑ B - ACC Television, Channel 19
- ❑ C - Community Agency_____
- ❑ D - Texas Employment Commission
- ❑ E - Referral_____
- ❑ F - Walk-in
- ❑ G - Other_____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on gender, ethnicity, disabled, and veteran status of applicants. This data is for analysis and Affirmative Action only. Submission of information is voluntary.

Age _____ Date of Birth _____/_____/_____

☑ one 1. ❑ Male 2. ❑ Female

☑ one 1. ❑ White 2. ❑ Black 3. ❑ Hispanic 4. ❑ Asian/Pac. Islander
5. ❑ Am. Indian/Alaskan 6. ❑ Other, please enter_____

☑ one 1. ❑ Married 2. ❑ Single, never married 3. ❑ Divorced 4. ❑ Separated 5. ❑ Widowed

Maiden Name _____ Other Names Used _____

(Continued ↳)

SPONSORSHIP
How do you plan to meet the expenses of this program? (please ☑ all that apply) 1. ❑ Grant, loan, scholarship 2. ❑ Family Support (spouse, parents, other relative) 3. ❑ Government agency (ie, VA, TRC, CETA, Manpower, PIC) 4. ❑ Part-time job (hours/week? _____) 5. ❑ Full-time job (hours/week? _____) 6. ❑ Other (specify _____) If you checked number 1 above (Grant, Loan, Scholarship), have you already applied for financial aid at Austin Community College? ❑ Yes ❑ No

If applicable:

Name of Employer

Address

Street:		
Suite:		
City:	State:	Zip:

Phone

( )

_____ Signature of Applicant

_____ Date