

If bringing children please list sex and age of each child (no male child over the age of 9).

Do you have any children that are not in your custody? _____

If yes, who has custody? _____

Do you have a DFS caseworker? _____

Name Phone

HIGH SCHOOL/ GED:

High School Attended: _____ City: _____ State: _____

Years Attended: _____ to _____. Year and Month of High School Graduation: _____

Date of GED Graduation: _____

COLLEGE INFORMATION: Please list all colleges where you have been enrolled, even if you withdrew or did not complete a full term.

College Name	City & State	Credit Hours	Degree Earned	Years Attended
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

PROGRAMS COMPLETED: Please list all programs: recovery programs (such as; AA or other 12 step programs, Christian Life programs) counseling, and self-evaluation.

Date	Program Name/Type	City & State	Contact Phone
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

When was the last time you used drugs, alcohol or narcotic medications? _____

What was your usage pattern and for how long? _____

Have you been in a recovery/rehab program _____, When _____

I certify that the information given on this application is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from the Victory House, New Life Program.

Signature

Date

Print Name

Date

DATA INFORMATION SHEET

Student Name: _____ Birth Date ____/____/____

Place of Birth: _____
City County State Country

If not a U.S. citizen, what is the country of your citizenship: _____

If born outside the U.S., when and where were you made a U.S. Citizen?

When - Date Where - City State

Have you been to Victory House before? _____ If yes, when? _____

Have you applied for the New Life Program before? _____ If yes, when? _____

Why are you applying again? _____

Are You a Veteran? Yes No

If yes, what branch of the military did you serve in? _____

If no, have you registered with the armed services? Yes No

Do you have a valid driver's license? Yes No

If yes, what state: _____ Drivers license Number: _____

Number Street Apt. # City State Zip

ARREST RECORD:

Have you ever been arrested? Yes No

If yes, where: _____ When - date: _____

Were you convicted? ? Yes No Charges: _____

If yes, where: _____ When - date: _____

Were you convicted? ? Yes No Charges: _____

If yes, where: _____ When - date: _____

Were you convicted? ? Yes No Charges: _____

Are you currently on: Probation Parole

Probation/Parole Officer: _____

Probation/Parole Officer's Phone: (____) _____

Do you have any outstanding warrants? _____
What are they for? _____

Do you have community service that needs to be completed? _____ If yes, how many hours?

Do you have any fines that need to be paid? _____ If yes, how much and when are they due?

Are you currently employed? _____ Hours? _____

If no job, do you have a source of income? _____ Amount? _____

If on SSI, what is the reason for the funding? _____

You will be expected to disclose all sources of income and bills in order to make up a budget with your case manager. Are you willing to do this? _____

MEDICAL

Doctor's Name: _____ Doctor's Phone: (____) _____

Doctor's Address: _____
Number Street Apt # City State Zip

Do you have health insurance? Yes No Medicare Medicaid

If yes, name of company: _____

Medical Policy Number: _____ What is your blood type? _____

Are you allergic to any drugs or medicines? Yes No

If yes, list them: _____

Have you had a major illness or operation? Yes No

If yes, give details:

What: _____ When: _____

What: _____ When: _____

Please list all medications you are currently taking?

What: _____ Dosage: _____ Reason: _____

What: _____ Dosage: _____ Reason: _____

What: _____ Dosage: _____ Reason: _____

Have you ever received mental health services or counseling? ____ (If yes, for what issues?)

Inpatient or outpatient? _____ When? Where? Did you complete a program?

REMINDER: Each student's right of confidentiality is respected at the Victory House New Life Program. All information pertinent to each resident is treated in a confidential manner. All written material is kept in a locked area and is accessible only to authorized staff. All discussions regarding a student are treated as confidential and limited to authorized personnel.

I certify that the information given on this request form is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from Victory Trade School.

Signature

Date

Substance Test Release

Because Victory House is a zero tolerance drug/alcohol/narcotic free environment I agree to submit to random urinalysis and breathalyzer checks. By signing below I state that if I do not agree to submit to the random testing, even if I claim to not have a problem, I am choosing to not comply with program rules and am choosing to exit the New Life Program. By signing below I state I agree and submit to random testing.

Student Signature

Date

Medication Agreement

I agree to be compliant in Victory House rules for medication. Rules for medication use are as follows:

1. All medication must be written down and given to staff to place in file
2. All medication will be taken as prescribed
3. All medication will be non-narcotic and/or non controlled substance
4. If I need to be taken off of medication I will do so after my Doctor's approval
5. If Victory House staff is not made aware of any medication I am taking, I may be choosing to leave the New Life Program

Student Signature

Date



Statement of Financial Need Scholarship Application

1925 South Ingram Mill Road,
Springfield, MO 65804
(417) 882-2540
fax: (417) 882-9844

Date Received _____
Accepted Date _____
Start Date _____
Staff Initial _____
Office use only

(PLEASE PRINT)

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Other Names Used on Any Other Records

Social Security Number: _____ - _____ - _____ Birth date: ____/____/____

Are you financially independent? (Do you support yourself?) ____ Yes ____ No

Last years adjusted gross income from all sources: \$ _____

Sources of income: _____

Have you applied for SSI or disability? Yes No

If yes, when and for what reasons? _____

When is your next court date regarding SSI/disability? _____

Have you filed for FASFA? (Free Application for Federal Student Aid) Yes ____ No ____

If yes, when did you file? _____ If you have not, the VTS staff can help with this.
(FASFA is where you file to receive Title IV funds for schooling. This money is a grant and does **not** have to be repaid.)

REFERENCES INFORMATION:

_____	_____	(____) _____
Name	Occupation	Phone Number

_____	_____	(____) _____
Name	Occupation	Phone Number

The above statements are true and correct to the best of my knowledge, and I give consent to release information concerning my academic and/or financial status to scholarship donors and/or selection bodies. I certify that the information given is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from Victory House.

Signature _____
Date

Print Name _____
Date



Transcript Request

This form is provided as a convenience for students to order copies of required transcripts. Please mail this form directly to the high school, GED program, or the college that you attended.

Phone: 417-864-2222

Fax: 417-831-9980

Student Information:

Last Name First Name Middle Initial Social Security Number

Address: Number Street Apt.# City State Zip

() _____
Phone Number Date of Birth

High School Information:

Name of School City State Dates Attended and
Year Graduated

College or University Information:

Name of School City State Zipcode

Degree Earned Years Attended Year Graduated

Please send an official copy of my transcripts to:

**Victory House
1925 South Ingram Mill Road
Springfield, MO 65804**

Signature **Date**

It is the student's responsibility to get transcripts.