



## **Application for Admission**

### **Campus**

1715 N Boonville Ave.  
Springfield, MO 65803  
417-864-2222

[www.victorytradeschool.edu](http://www.victorytradeschool.edu)  
[info@victorytradeschool.edu](mailto:info@victorytradeschool.edu)

## Admission Information

Date Application Submitted \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

\* No application fee.

\* Submit completed Application for Admission to Victory Trade School in person, by mail, or fax to the Registrar's office at 417.831.9980.

\* All students must provide an official high school transcript or GED Certificate, use the transcript request form attached to the application. If you do not have a high school diploma or GED, you may apply for the Victory GED Program (a residential program).

\* Allow two weeks for processing of the application, you will be contacted within that time frame for a phone interview.

## Applicant Information

\_\_\_\_\_  
Last Name (Please Print)                      First Name                      Middle Initial                      Other Names  
Social Security Number \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_      Date of Birth \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_       Male       Female

\_\_\_\_\_  
Address                      Apt #                      City                      State      Zip Code

How long at this address? \_\_\_\_ year(s) \_\_\_\_ month(s)      When are you available to start school? \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Previous address: \_\_\_\_\_  
Street Address                      Apt #                      City                      State                      Zip Code

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Other Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Marital Status:       Single       Married       Divorced       Widowed       Separated

Have you been court ordered to pay child support?       Yes       No      If so, are you current on payments?       Yes       No

If yes, where: \_\_\_\_\_  
Court                      County                      State

## Emergency Contact Information

\_\_\_\_\_  
Name                      Home / Cell Phone Number                      Work Phone Number

\_\_\_\_\_  
Street Address                      Apt#                      City                      State                      Zip Code

## References

Please list references below: *(one is required, three are preferred)*

1. \_\_\_\_\_  
Name                      Phone                      Email address                      Relationship

2. \_\_\_\_\_  
Name                      Phone                      Email address                      Relationship

3. \_\_\_\_\_  
Name                      Phone                      Email address                      Relationship



## Student Information Continued

### Employment History

Company Name	Location	Start Date	End Date

### Medical Information

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's address \_\_\_\_\_  
Street City State Zip

Do you have health insurance?  Yes  No  Medicare  Medicaid

If yes, what company? \_\_\_\_\_

Policy Number \_\_\_\_\_ What is your blood type? \_\_\_\_\_

Are you allergic to any medications?  Yes  No If yes, which ones? \_\_\_\_\_

Have you had a major illness or operation?  Yes  No If yes, give details in the space below

\_\_\_\_\_

\_\_\_\_\_

Have you applied for SSI disability income from state or local government agencies?  Yes  No

If yes, when is your case to be reviewed? \_\_\_\_\_

Please list all medications you are currently taking (*use additional sheets if necessary*)

Medication	Dosage	Prescribed for

All students' right to confidentiality is respected at Victory Trade School. All information is kept locked and is accessible to authorized staff only.

I certify that all information on this application is correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Academic Information

High School / Home School / GED Information			
School Name / GED / Home School	City / State	Dates Attended From	To Did you graduate? Yes No Date: _____

College or Program Information (list all colleges / universities / recovery or discipleship programs attended.) (attach sheets if needed)			
Name of Institution	City / State	Dates Attended From	To Graduation Date
Name of Institution	City / State	Dates Attended From	To Graduation Date
Name of Institution	City / State	Dates Attended From	To Graduation Date

## Program of Study (If you are applying for GED to get into another program check both GED and the Program).

Please indicate the Victory Trade School program of study you are applying for:

- Culinary Program (men)     
  PREP Program (men)     
  New Life Program (women)     
  GED Program (men and women)

New Life Program applicants only -- Do you have children you would like to come with you?  Yes  No

If yes, please give names and ages: \_\_\_\_\_

Do you have a DFS caseworker for your children?  Yes  No

Caseworker's name \_\_\_\_\_ Phone number \_\_\_\_\_

How did you hear about Victory Trade School?

## Compliance Reporting

The following is *requested* information for the purposes of federal and state compliance it is not used to determine admission status.

Please check all that apply:

- American Indian or Alaska Native     
  Hispanic or Latino  
 Asian     
  Native Hawaiian or Other Pacific Islander  
 Black or African American     
  White

## Disability and Non-Discrimination Information

Victory Trade School prohibits discrimination and harassment and provides equal opportunities in admissions, educational programs, activities, and employment regardless of race, ethnicity, gender, national origin, age, marital status, political affiliation, veteran status, and disabilities (reasonable accommodations will be made for Hospitality Program Students).

## Certification of Accuracy

I hereby certify that this application is complete and accurate to the best of my knowledge

Print Name

Signature

Date





## Transcript Request Form

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

Victory Trade School Registrar's Office 417.864.2222  
Victory Trade School Fax number 417.831.9980

### Student Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Social Security Number

\_\_\_\_\_  
Street                      Apt #                      City                      State                      Zip

( ) -                      / /  
Phone Number                      Date of Birth

High School Information

Name of School	City	State	Dates Attended/ Graduated

College / University Information

Name of School	City	State	Dates Attended/ Graduated

Please send official transcripts to : Victory Trade School  
Office of the Registrar  
1715 N Boonville Ave.  
Springfield, MO 65803

\_\_\_\_\_  
Student Signature indicating release of documents to Victory Trade School                      Date

\_\_\_\_\_  
Student Printed Name

*It is the student's responsibility to request transcripts, this form is included for you to use. As a postsecondary trade school, we are required to have at a minimum your High School Diploma or GED Certificate on file. If you do not have a GED, please mark under Program of Study that you need to apply for the GED Program prior to enrollment into VTS.*

*You will need to contact the registrar's office at your school(s) to see if there is a fee associated with transcript requests.*