



## IDTSD Full-Time Student Application Form

### General Information

Name: \_\_\_\_\_  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Parent (or Spouse): \_\_\_\_\_ Phone: \_\_\_\_\_

\*Parent/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

*\* If you are under 18 and/or dependent of parent/guardian*

Birth Date: \_\_\_\_\_ Current grade: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you need assistance in finding housing? \_\_\_\_\_

How do you plan to finance your education? \_\_\_\_\_

### Education Information

Educational status:  High School Diploma  GED  College/Vocational Training  other: \_\_\_\_\_

Last High School Attended: \_\_\_\_\_ City: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously attended college/vocational school?  Yes  No

List any previous secondary education you have:

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

Which program are you interested/applying for:  Fashion Design  Interior Décor

Which term are you applying for:  2016/2017  2017/2018  2018/2019  2019/2020

## Citizenship & Ethnicity

Place of birth: \_\_\_\_\_ City/Town: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Permanent US Citizen:  Yes  No  Will need to apply for an f-1 Student Visa

Ethnicity (not required, but collected for compliance with federal regulations): \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Contact: \_\_\_\_\_ Evening Contact: \_\_\_\_\_

## Personal Information

List any current activities or honors received: \_\_\_\_\_

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What drawing and/or art courses have you taken? \_\_\_\_\_

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Have you taken any sewing courses? Do you currently use a sewing machine? \_\_\_\_\_

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List any hobbies or interests in application to the program you are applying for: \_\_\_\_\_

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How well do you manage your time? Are you able to multi-task? \_\_\_\_\_

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Over the past year, how many days did you miss work or school? \_\_\_\_\_

