

Student Re-application Questionnaire

Will you be attending the same institution as the past year?

Yes No

If a different institution, please give the name and address:

Have your special needs changed?

Yes No

If yes, state any changes and submit a doctor's statement confirming special needs (be specific).

Has your family's financial status changed?

Yes No

If yes, please describe (be specific).

Are there any other changes since the time of your original application that we should know?

Yes No

If yes, please state what they are. (be specific)

Applicant's Signature

Please submit a separate attachment describing your present and continuing education plans (200 words or less). Email, with grade transcript attached, to Jay Erickson at

tenx01@charter.net **Due January 10, 2024**