

I BROCKWAY CENTER FOR ARTS & TECHNOLOGY PARKSIDE BUILDING | 1200 WOOD STREET, SUITE B BROCKWAY, PA 15824 | PHONE: 814.265.1111

BROCKWAY CENTER FOR ARTS & TECHNOLOGY AT TITUSVILLE THE HUB | 504 E. MAIN STREET

TITUSVILLE, PA 16354 | PHONE: 814.827.4445

WWW.BROCKWAYCATART.ORG



|                               |   |                   |                    |                  |                     |                               | TELEVISION OF |
|-------------------------------|---|-------------------|--------------------|------------------|---------------------|-------------------------------|---------------|
|                               | STUI  | DENT IN           | IFORMA             | TION F           | FORM                |                               |               |
| Last or Married Name          | First Name  |                   | Middle             |                  | Maiden              | Name                          |               |
| Mailing Address (Street)      | City  |                   | State              | Zi               | p Code              | County                        |               |
|                               |   |                   |                    |                  |                     |                               |               |
| Phone (include area code)     | Alternative Phone (include area code)   |                   |                    |                  |                     |                               |               |
| Email Address                 |   |                   |                    |                  |                     |                               |               |
| Are you: 🔲 Married            | ☐ Divorced  | ☐ Single          | Number of Depe     | ndents           | Number of           | People in Your Household_     |               |
| Date of Birth                 |   | Current Age       | Social             | Security Number_ |                     |                               |               |
| Last School Attended          | Last Grade Completed  |                   |                    |                  |                     |                               |               |
| Employment Status             | Place of Employment   |                   |                    | Individual Wage  |                     |                               |               |
| Please check which best d     | escribes YOUR INDIVIDAL i   | ncome:            |                    |                  |                     |                               |               |
| <b>□</b> \$0 - \$17,235       | □ \$17,236 - \$23,265 □ \$23,266 - \$29,295 □ \$29.296 - \$35,325 □ \$35,326 - \$41,3 |                   |                    |                  |                     |                               |               |
| <b>□</b> \$41,356 - \$47,385  | □ \$47,386 - \$53,415 □ \$53,416 - \$59,445 □ \$59,446+                               |                   |                    |                  |                     |                               |               |
| Please check any of the fol   | lowing that YOU have and/or   | receive:          |                    |                  |                     |                               |               |
| ☐ College debt/loans          | ☐ Food stamps ☐ Free/reduced lunch for you or your                                    |                   |                    | r child          |                     |                               |               |
| ☐ Retirement/pension          | ☐ Medicaid ☐ Un   | emoloyment        | ☐ Day care         | ☐ Other govern   | ment assistance     |                               |               |
| Have you ever been convid     | eted of a non-traffic violation s   | ummary, misdemean | or, and/or felony? | □ No             | ☐ Yes (             | if yes, please explain below) |               |
|                               |   |                   |                    |                  |                     |                               |               |
| Pertinent medical informat    | cion (Conditions, allergies, etc.   | )                 |                    |                  |                     |                               |               |
|                               |   |                   |                    |                  |                     |                               |               |
| Emergency contact information | ation:  |                   | Alternati          | ve emergency con | tact information: ( | (optional)                    |               |
| Name                          |   |                   | Name               |                  |                     |                               |               |
| Address                       |   |                   | Address            |                  |                     |                               |               |
| City                          |   | _ State           | City               |                  |                     | State                         |               |
| Phone                         |   |                   | Phone              |                  |                     |                               |               |