

Accelerated Bridge to Education

ABE

Lincoln College—Normal

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Full Legal Name _____
first middle last maiden

Home Address _____
street city state zip code

Home Phone _____ Business Phone _____

Cell Phone _____ Date of Birth _____

Email Address _____

Social Security _____

HIGH SCHOOL INFORMATION

Name of High School _____

Legal Name at Graduation _____ Year of Graduation/GED _____

COLLEGE EXPERIENCE

Please list the colleges and universities you have attended as a full-time or part-time student.

College/University	Name While Attending	Dates Attended	Credit Hours Earned
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College/University	Name While Attending	Dates Attended	Credit Hours Earned
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College/University	Name While Attending	Dates Attended	Credit Hours Earned
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College/University	Name While Attending	Dates Attended	Credit Hours Earned
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WORK EXPERIENCE

Prepare a history of your work experience. Start with your current or most recent employer. Use a separate piece of paper if needed.

1. Job Title _____ Employment Dates _____

Employer _____ Business Phone _____

Address _____
street city state zip code

Responsibilities _____

2. Job Title _____ Employment Dates _____

Employer _____ Business Phone _____

Address _____
street city state zip code

Responsibilities _____

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ACADEMIC PREFERENCES

- Session 1 (sept) Session 4 (jan) Session 7 (may)
 Session 2 (oct) Session 5 (feb) Session 8 (june)
 Session 3 (nov) Session 6 (mar) Session 9 (july)

PROGRAM

- Business
 Health Services Administration
 Liberal Arts
 Certificate: _____

BIOGRAPHICAL INFORMATION

Optional Questions: Used for statistical reporting only.

Are you Hispanic or Latino? Yes No

Please describe your racial background (Select one or more of the following categories):

- American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

- | Gender | Veteran | U.S. Citizen |
|---------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Female | <input type="checkbox"/> No | <input type="checkbox"/> No |

FINANCIAL INFORMATION

Download the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov or contact the Financial Aid Office at (309) 268-4317. This form is required for all government aid and student loan programs. The Lincoln College school code is 001709.

HOW DID YOU HEAR ABOUT THE ABE PROGRAM?

- Website (LCN) Newspaper Mailing Family, Friend Co-worker Presentation/booth Flyer Other

VERIFICATION

I certify that all information listed on this application is, to the best of my knowledge, accurate and truthful. I also understand that withholding information requested on this application or giving false information may make me ineligible for admission to the College or subject to dismissal. My signature below indicates my permission for Lincoln College representatives to contact current or previously attended schools for academic information or transcripts.

Student Signature (Required)

Date

Please mail the completed application to:

Center for Adult Learning
Lincoln College-Normal
ABE Admissions Office
715 W. Raab Road
Normal, IL 61761

FOR OFFICE USE ONLY

Start Date _____ Student ID# _____