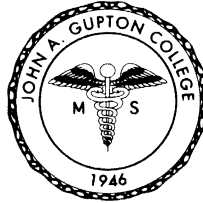


APPLICATION FOR ADMISSION

JOHN A. GUPTON COLLEGE



1616 CHURCH STREET
NASHVILLE, TENNESSEE 37203
Phone: (615) 327-3927
Fax: (615) 321-4518
www.guptoncollege.com

1. **APPLICANT'S NAME** _____
(LAST) (FIRST) (MI)

APPLICANT'S SOCIAL SECURITY NUMBER _____

2. **APPLICANT'S HOME ADDRESS** _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

3. **APPLICANT'S HOME PHONE NUMBER** _____ **APPLICANT'S WORK PHONE NUMBER** _____

4. **NAME OF NEAREST RELATIVE TO NOTIFY IN CASE OF EMERGENCY:**

(NAME) (RELATIONSHIP) (PHONE NUMBER)

5. **PLACE OF BIRTH** _____ **DATE OF BIRTH** _____

6. **U.S. VETERAN** ____ **YES** ____ **NO** **IF YES, WHAT BRANCH** _____

7. **MARITAL STATUS**
____ **SINGLE** ____ **SEPARATED** ____ **MARRIED** ____ **DIVORCED** ____ **WIDOWED**

SPOUSE'S NAME _____

NUMBER OF CHILDREN _____ **AGES** _____

8. **CITIZENSHIP** _____

9. **APPLICANT'S FATHER'S NAME** _____
(LAST) (FIRST)

ADDRESS _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

10. **APPLICANT'S MOTHER'S NAME** _____
(LAST) (FIRST)

ADDRESS _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

11. **IF PARENTS ARE DECEASED, PLEASE GIVE THE NAME OF GUARDIAN:**

(LAST) (FIRST)

ADDRESS _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

12. **PLEASE PROVIDE THE FOLLOWING FAMILY INFORMATION:**

BROTHER/SISTERS	AGE
_____	_____
_____	_____
_____	_____
_____	_____

13. **ARE YOU ABLE TO DEFRAY YOUR EXPENSES IN THIS COURSE?** _____
DO YOU NEED FINANCIAL AID INFORMATION/ASSISTANCE? _____

14. **HAVE YOU EVER TAKEN THE ACT COLLEGE ENTRANCE EXAMINATION?** _____
IF YES, WHAT DATE? _____
FOR WHAT INSTITUTION? _____

15. **HIGH SCHOOL ATTENDED** _____
ADDRESS _____
(CITY) (STATE)
DATES ATTENDED _____ **FROM** _____ **To** _____ **DID YOU GRADUATE?** _____

16. **GIVE INFORMATION ABOUT THE OTHER COLLEGES AND SCHOOLS ATTENDED**

NAME OF INSTITUTION	CITY & STATE	DATES ATTENDED	HIGHEST DEGREE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. HAVE YOU ATTENDED ANOTHER SCHOOL OF MORTUARY SCIENCE? _____

IF YES, GIVE NAME OF SCHOOL _____

ADDRESS _____
(CITY) (STATE)

DATE OF ATTENDANCE _____
(FROM) (To)

18. HAVE YOU WORKED IN ANY FUNERAL HOME? _____

IF YES, LENGTH OF TIME EMPLOYED _____

APPRENTICESHIP SERVED? _____

ARE EITHER OF YOUR PARENTS IN FUNERAL SERVICE? _____

19. WHAT IS YOUR PHYSICAL CONDITION? ___ EXCELLENT ___ GOOD ___ FAIR ___ POOR

20. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ YES ___ NO

IF YES, PLEASE EXPLAIN _____

21. GIVE THE NAME AND ADDRESS OF FIVE PERSONS, NO RELATIVES, WHO CAN GIVE INFORMATION ABOUT YOU.

1. _____
NAME (FIRST) (LAST) ADDRESS

2. _____
NAME (FIRST) (LAST) ADDRESS

3. _____
NAME (FIRST) (LAST) ADDRESS

4. _____
NAME (FIRST) (LAST) ADDRESS

5. _____
NAME (FIRST) (LAST) ADDRESS

22. WHAT STATE ARE YOU PREPARING TO PRACTICE IN? _____

23. HOW DID YOU LEARN ABOUT GUPTON COLLEGE? _____

24. WHEN DO YOU DESIRE TO ENTER THIS SCHOOL? _____
(SEMESTER)

25. IF ACCEPTED FOR ADMISSION TO JOHN A. GUPTON COLLEGE, I AGREE TO FOLLOW REGULATIONS SET FORTH IN THE COLLEGE CATALOG AND STUDENT HANDBOOK.

STUDENT SIGNATURE

DATE SIGNED

For Which Program Are You Applying?

(Please check the appropriate box)

Associate of Arts Degree
(Funeral Director & Embalmer)

On-line Certificate Program
(Tennessee Funeral Director Only)

PLEASE ATTACH A RECENT PHOTO AT THE BOTTOM OF THIS PAGE.