



Name: _____ SHIRT SIZE: _____

Date of Birth: _____ Home Phone: _____

Address: _____

City/State/Zip: _____ Work Phone: _____

Social Security: _____ Driver's License: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Have you ever been arrested for any offense other than traffic? ____ Yes ____ No
If yes, where?

_____ When? _____

What for? _____

Please list or describe any activities or organizations you are involved in:

From whom did you learn about the Academy? _____

How are you acquainted with him/her? _____

SHIRT SIZE: _____

Person to be contacted in case of emergency during your attendance at the
Academy: _____ Relationship: _____

Address: _____ Phone: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make my investigation of my personal history deemed necessary for consideration to attend the Media Academy.

Signature: _____ Date: _____