

Aerospace Academy Application

Personal Informatio	n			Date	e of Application:_	/		_/
Full Legal Name:						(❑ Male	🖵 Female
Social Security Number:								
Address:			City:			Zip:		
Home Phone:	_ Student Cell Pho	ne:		Student Em	ail:			
Name of Parent/Legal Guardian:								
Parent/Guardian Place of Employment: _								
Parent/Guardian Email:			P	arent Cell Pho	one:			
Emergency Contact Name:			Relationship					
Home Phone:			Cell Phone: _					
Race/Ethnicity: Caucasian C Asian American			erican					
Married: Yes 🖬 No 🖬 Drive	er License: 🗖 Yes	D No	Will you nee	d bus transpo	rtation? 🗖 Yes	🗖 No		
Health Issues: 🛛 Yes 🕞 No Type: _			Disabilities:	🗅 Yes 🗖 I	No Type:			
Who referred you to this program?								

Educational Information

Currently attending school: 🗖 Yes 🗖 No Name of school:				
Last school attended:				
HS Counselor Name:				
Please circle highest grade completed:6789	10 11 12			
High School diploma/GED: 🗖 Yes 🛛 No Date Completed:				
Did you drop out?				
Briefly describe what happened:				



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	any) contributed to you lea Behavioral difficulty Employment	Academic difficulty	 Non-attendance Needed at home (explain below) 	 Marriage Other (explain below)
What was your approxima	ite grade average in schoo	l? (circle one) A B	C D F	
Are you attending a posts If Yes, please explain:	econdary school or educati	ion? (college, career-tech, etc.) 🗖 Y	res 🗖 No	
Have you ever been in alte	ernative school? 🗖 Yes	□ No When? W	here?	
Have you ever been suspe If Yes, please explain:	nded from school? 🗖 Yes	a □ No When?		
What was your favorite su	bject in school?	Le	ast favorite?	
Barriers				
Homeless and/or Runawa	y: 🗖 Yes 🗖 No			
Do you have Children?	Yes 🗖 No 🤅 What	are your daycare arrangements?		
Do you have transportatio	n? 🗖 Yes 🗖 No	What kind of transportation?		



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Household Information (those living in the household)

With whom do you currently live? List household members:	How many people live in your household?
Name:	Relationship:

Please tell us why you think you would be a successful candidate for this program:

Partner School Counselor Signature

Return completed application and most recent transcript to:

Tulsa Tech Attn: Aerospace Academy Kim Thompson P.O. Box 477200 Tulsa, OK 74147-7200

or email to:

kimberly.thompson@tulsatech.edu

Partner School Administrator Signature



4.28.23

Training 🛛 🚺 🎔

🗃 🛅 (in) (918) 828-5000 info@tulsatech.edu

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