

LIVECTA @TRCC Application

APPLICANT INFORMATION	DOB:	DATE:
Last Name:	First Name:	Middle Initial:
Street Address:		City/State:
Phone Number:	Email Address:	
PARENT/GUARDIAN INFORMATION	Relationship:	
Last Name:	First Name:	
Street Address:		City/State:
Cell Phone: Home/Work Phone:	Email Address:	Occupation/ Title:
PARENT/GUARDIAN INFORMATION	Relationship:	
Last Name:	First Name:	
Street Address:		City/State:
Cell Phone: Home/Work Phone:	Email Address:	Occupation/Title:
Conservatorship/ Guardianship:	YES NO	Conservator:
EDUCATION		
High School:	City/State	Did you graduate/accept diploma? YESNO
Post-Secondary:	City/State	Did you graduate? YES NO
Other:		
SERVICES/REFERRAL		
Do you have a BRS counselor?	If yes, Counselor name:	
How did you hear about the program?	Referred by: Employer/ Job Title:	O Independent research
School Liaison:	Phone number:	Email:
HEALTH/MEDICAL		
Medical Conditions/Disorders:		



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Please list your principal extracurricular, volunteer, and work activates in **their order of importance to you.** This list allows us to focus on the highlights of your activities. Use the space available to provide the details of activities and accomplishments.

-Time Frame-	-Time Spent-		Positions held, grades earned, employer, etc.	Do you plan on		
Grade level or post-graduate				continuing this activity once enrolled in		
(PG)				LIVECTA?		
9 10 11 12 PG	Hours	Weeks per				
000	per week 5 hrs. a	year (weekly)	band member, section leader	YES X NO		
	week	(125 <u>x_</u> 110		
Activity: Played guitar in Waterford Community Band						
00000				YES NO		
Activity:						
00000				YES NO		
Activity:						
00000				YES NO		
A						
Activity:						
00000				YES NO		
Activity:						
Did you receive application? YE		with this				
application: TES NO						
Do you have a history of arrest or						
probation? YES NO						
I declare that the information provided in support of the application of						
for admission to LIVECTA is accurate and complete to the best of my knowledge. I understand that if it is determined						
that information has been withheld or misrepresented in the process; the candidate will be ineligible for admission.						
Applicants Signa	ature		Date			
3						
Parent/ Guardia	n Signature		Date			
			Date			



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PERSONAL STATEMENT

If accepted into the program what would you like to work on while enrolled in LIVECTA?

What are some of your personal/professional and academic goals?

What are some of the things/areas you struggle with? What are some of your coping strategies?

Your personal statement is a unique opportunity to show LIVECTA who you are as a person. Please attach a one page essay describing why you want to be enrolled in the LIVECTA program and outline your short and long term goals as well.