

Behavioral Services Center
8707 Skokie Blvd., Suite 207
Skokie, IL 60077
Phone: (847) 673-8577
Fax: (847) 568-0411
E-Mail: info@behavioralservices.us

Behavioral Services Center

The Behavioral Services Center CADC Program Application

SECTION A

This is an application for admission to The Behavioral Services Center Program.

Fall Semester, Year _____

Spring Semester, Year _____

If you have previously applied to or attended this program, please list:

Term of Application (Semester and Year) : _____

Last Term Attended (Semester and Year): _____

Legal Name

Last Name: _____

Suffix (e.g. Jr., Sr.): _____

First Name: _____

Middle Name: _____

Current Mailing Address

Street Address: _____

City: _____

State/Province: _____

Zip Code: _____

Country: _____

Home Telephone: _____

E-mail: _____

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(We may communicate with applicants via e-mail. Please be certain that this is the e-mail address where your correspondence should be sent. It is your responsibility to read your e-mail messages.)

Birthdate : (M M/D D/Y Y Y Y) _____

Sex (M or F)

Social Security Number: _____

Statewide Student ID: _____

Country of Citizenship (All must answer.): _____

Citizenship (Select one of the codes below and enter in box. All must answer.)

Y – U.S. Citizen

R – Refugee/Asylee

F – F Visa (student)

J – J Visa

N – None of the above

I – Immigrant I-551 (“green card”)

Date Issued M M /D D /Y Y Y Y: _____

(Provide the date issued and be prepared to submit verification.)

O – Other Visa (specify) Date Issued

M M/ D D/ Y Y Y Y: _____

If you were born outside the U.S., what year did you or will you move to the U.S.?

Y Y Y Y : _____

SECTION B

Have you ever been on active duty in the U.S. military service (circle)? Y N.

Are you a dependent of a U.S. active-duty service member (circle)? Y N

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Total Annual Family Income and Family Size (optional). Under federal regulations, you are considered a dependent student if you are under 24 years unless you are a graduate student, are married or have dependents other than a spouse, are a foster youth, orphan, or ward of the court, or are a veteran or active duty member of the U.S. armed services.

If dependent, estimate parents' 2010 total annual income (taxed and untaxed): _____ and indicate family size including your parents, yourself, and other dependents: _____. If independent, estimate the total annual income (taxed and untaxed) for you (and your spouse if married): _____; and indicate your family size including yourself, spouse, and other dependents: _____.

Dependent Students Only: Estimated Total Annual Family Income (circle)

1 – Less than \$24,000 3 – \$36,000 to \$47,999 5 – \$60,000 to \$71,999

2 – \$24,000 to \$35,999 4 – \$48,000 to \$59,999 6 – \$72,000 or more

7 – I cannot estimate my parents' income

Independent Students Only: Estimated Total Annual Income (circle)

1 – Less than \$6,000 3 – \$12,000 to \$23,999 5 – \$36,000 to \$47,999 7 – \$60,000 or more

2 – \$6,000 to \$11,999 4 – \$24,000 to \$35,999 6 – \$48,000 to \$59,999 8 – I cannot estimate my income

SECTION C

Do you have any licenses or certificates? Yes No

License/Certificate Number: _____

High School attended: _____

City and State: _____

Graduation Date: _____

GPA: _____

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Print the names and locations of all colleges and universities attended, even if no course work was completed. Begin with the last institution attended.

Institution: _____ Dates _____

Institution: _____ Dates _____

Institution: _____ Dates _____

Institution: _____ Dates _____

SECTION D

CERTIFICATION — to be read and signed by all applicants to certify the accuracy of the information provided. I certify under penalty of perjury under the laws of the State of Illinois that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize The Behavioral Services Center to release any information submitted by me in this application for admission and any application for financial assistance to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial assistance and in connection with any perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts affecting my residence.

Your Name: _____

Signature: _____

Date: _____