

REGENTS SERVICE PROGRAM APPLICATION

NAME:	SSN:
ADDRESS	LOCAL PHONE:
	YEAR IN SCHOOL:
MAJOR:	RESIDENCY STATUS:
Note: Priority is given to Nevada residents	
REGENTS	REQUIREMENTS FOR ELIGIBILITY
CHECK ALL	OF THE FOLLOWING THAT APPLY TO YOU - YOU MUST QUALIFY FOR AT LEAST ONE:
	HEAD OF HOUSEHOLD SINGLE PARENT AGE 22 OR OVER AND HAVE NEVER ATTENDED COLLEGE OR HAVE HAD A BREAK IN ENROLLMENT OF TWO YEARS OR MORE I AM THE FIRST PERSON IN MY IMMEDIATE FAMILY TO PURSUE A DEGREE OR CERTIFICATE BEYOND HIGH SCHOOL NO SUPPORT FROM PARENTS OR FAMILY UNUSUAL FAMILY OR FINANCIAL CIRCUMSTANCES PLEASE BRIEFLY DESCRIBE BELOW:
COMPLETE THIS SECTION FOR THE SPECIFIC PLACEMENT YOU ARE INTERESTED IN: (USE BACK IF NECESSARY)	
POSITION	TITLE: EMPLOYER:
1. WHY ARE YOU INTERESTED IN THIS PLACEMENT?	
2. HOW DOES THIS PLACEMENT FIT YOUR CAREER GOALS?	
3. WHAT KNOWLEDGE, SKILLS, AND ABILITIES DO YOU POSSESS THAT QUALIFY YOU FOR THIS PLACEMENT?	
AND COMPLETE. D THAT ALL THE INFORMATION IS ACCURATE	