

≡ETL

Expressways To Learning[®]



Making a world of difference!

MINISTRY STUDENT APPLICATION

Expressways To Learning
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File I.012/10

Student Application Expressways To Learning-TN

CENTER LOCATION: _____

Last Name _____ First _____

Date of Birth _____

Address _____ Email _____

County _____

Telephone:

Home: _____ Cell _____ Work _____

School _____ Grade _____

Parents in the Household 1 2 (Circle One)

Father's Name _____

Occupation _____ Age _____

Mother's Name _____

Occupation _____ Age _____

Brother/Sister Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Others Persons in Household

Name _____ **Age** _____

Name _____ **Age** _____

Name _____ **Age** _____

**Reason for applying to ETL
Program**

**Household Annual
Income:**

Special circumstances (Medical, Physical, Financial, etc.)

Print Name

Signature

Relationship to Student

Date

Verification of income may be requested. If so, please supply last years' Tax Return.