

**Career Studies Program  
Customer Relations Certificate Application**

**All Information needs to be filled out completely!**

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age at the time of application \_\_\_\_\_

Are you a Pennsylvania Resident? \_\_\_ Yes \_\_\_ No

Do you have an intellectual disability or other disability? \_\_\_ Yes \_\_\_ No

Please provide the specific disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your disability documented in the evaluation report? \_\_\_ Yes \_\_\_ No

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

Name of High School \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Highest Level of Education Completed

No High School       GED, Date (mo/yr)       Certificate of Completion

Some High School       HS Diploma, Date (mo/yr)

**SUPPLEMENTAL INFORMATION**

**DOCUMENTATION OF DISABILITY**

**ALONG WITH THIS APPLICATION, SUBMIT:**

Most recent Individualized Education Program (IEP), and/or  
Psychological-Educational or Neuropsychological Evaluation (by a licensed professional)

**SUPPORTING DOCUMENTS**

**ALONG WITH THIS APPLICATION, SUBMIT:**

Resume or summary of work history, and  
School transcripts or records (e.g. high school, college)

**Parent and Guardian Information**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact**

\_\_\_\_ Parent      \_\_\_\_ Guardian      \_\_\_\_ Other (Complete the information below)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**SERVICE PROVIDER INFORMATION**



















