Youth Options Supplemental Information Form

Please complete the information below and return with your Youth Options Application (PI-8700-A).

Student Information: _____
Last Name First Name Middle Name

Social Security Number: _____
(This information is voluntary and will remain confidential. It is not used as a student identification number.)

U.S. Citizen: ☐ Yes ☐ No

Legal resident of: ☐ City ☐ Village ☐ Township _____ County of Residence: _____

Expected graduation date: _____/_____ (MM/YYYY) High School: _____

Ethnicity:
Are you Hispanic or Latino? ☐Yes ☐ No

Select any other group or groups that apply to you:
☐*American Indian or Alaska Native*
☐*Asian*
☐*Black or African American*
☐*Native Hawaiian or other Pacific Islander*
☐*White*.

Class Information:
CVTC Campus or location where you will attend classes:

☐ CVTC – Eau Claire ☐ CVTC – Chippewa Falls ☐ CVTC – Menomonie
☐ CVTC – Neillsville ☐ CVTC – River Falls ☐ CVTC – Internet
☐ Your high school ITV/distance Learning Room ☐ Your high school Charter School

Is your intent to (check one): ☐ Enroll in course(s) only
☐ Enroll full time in a CVTC program this semester (program title: _____)

Youth Options Class Fees:
Identify the class(es) below for which you (not the high school) will be paying:

Course(s) to be paid by Student	Course No.	CVTC No. of Credits

A complete Youth Options application (PI-8700-A) **and** Supplemental Information form must be received by CVTC no later than:

- **December 1** for the CVTC semester beginning in January
- **June 1** for the CVTC semester beginning in August

Student Signature Date

Return to: Youth Options Coordinator, Chippewa Valley Technical College, 620 W. Clairemont Ave., Eau Claire, WI 54701
For additional information go to: http://www.cvtc.edu/pages/765.asp