



Submit to: Lexington Technology Center Counseling Office
or Lexington One Counseling Office

DEADLINE: February 12, 2024

Date: _____

Name in Full: _____
(first) (middle) (last)

Address: _____

E-mail: _____

Telephone: (home) _____ (cell) _____

Date of Birth: _____
(month) (day) (year)

Father: living deceased

Mother: living deceased

Full Name: _____

Full Name: _____

Address: _____

Address: _____

E-mail: _____

E-Mail: _____

Occupation: _____

Occupation: _____

List the **name of classes** that you have taken or are taking in either Agriculture Education or Health Sciences. List the **year** each class was taken and the **final grade** you received in the class. You must have completed either Agriculture Education or Health Sciences and the required units of credit in either major.

List of classes and grade:

Post Secondary School Attending: _____

(Copy of acceptance letter attached)

Submit to Lexington Technology Center Counseling & Advisement (LTC401)

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