

ESTA APPLICATION INSTRUCTIONS

NOTE: Do not attempt to fill out this application within your web browser; it must be downloaded to your desktop. You will need Adobe Acrobat Reader DC to complete this application. If you do not have Adobe Acrobat Reader DC, you may go to <https://helpx.adobe.com/acrobat/kb/install-reader-dc-windows.html#> to get instructions on how to download Adobe Acrobat Reader DC to your desktop.

1. To complete this application:
2. Right click anywhere on this page and select “Save as” to save a copy of this ESTA Application to your Desk top computer.
3. Once downloaded, you may open the application and begin filling it out.
4. If you need to leave the application and come back to it later, be sure to save your application.
5. When you have completed your application, save it.
6. Once your application has been saved, you can click the “**SUBMIT APPLICATION**” button (at the bottom of the application) and a window will open to ask you how you would like to email the application.
7. The application should attach itself as a PDF file, and all you have to do is send the email, but you may include a short message if you wish.

Application for Admission

Eliada Students Training for Advancement



Office of Admissions ● PO Box 16708 ● Asheville, NC 28816
www.eliada.org ● referral@eliada.org ● 828-254-5356 Ext.332



Core Values

Faith, Hope & Love

Eliada was founded on the principles of Christian faith, honoring the intrinsic value and dignity of each person. We offer an environment of unconditional love and respect to encourage the development of spiritual growth and personal confidence as a foundation of achieving ones potential.

Integrity

Eliada is guided by inherent honesty, ethics and accountability.

Teamwork

Eliada is a dedicated and diverse team of professionals who support one another in achieving the agency's mission.

Excellence

Eliada is committed to excellence in a solution-focused environment.

Instructions

Please read each section carefully and provide all of the necessary requirements (some sections require additional forms be submitted). Upon completion, submit to the Office of Admissions through mail, email or fax. Once the application has been received and reviewed, an admissions officer will contact you to schedule a panel interview.

Once this initial admissions process is completed, the prospective student will sign a contractual agreement stating expectations for academic performance, progress toward trade skill and student conduct. In addition, the student will sign an authorization form that allows Eliada to seek aid resources on the applicant's behalf as well as a photo and media information release.

Finally, the applicant must pass a drug screening prior to final admission to the program.

Selection Criteria *(please check all that apply):*

U.S. citizen

16-22 years of age

Unmarried

Youth in, or aging out of, Foster Care

Negative drug screen

Unemployed or underemployed

In good physical health

Financially disadvantaged: access to less than \$10,000 in personal resources

Low academic performance

Housing instability or homelessness

Primary consideration given to former Eliada students

Applicant Information

Full Name _____
Last First Middle

Other names used _____ Preferred Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Permanent Phone (_____) _____ Cell Phone (_____) _____

Email _____ Birth Date _____ Age _____

Place of Birth _____ Social Security Number _____

Are you a US Citizen? Yes No

Which categories best describes you? (Please select all boxes that apply. Note, you may select more than one group.)

White (For example, German, Irish, English, Italian, Polish, French, etc.)

Hispanic, Latino, or Spanish origin (For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican, Colombian, etc.)

Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Somalian, etc.)

Asian (For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)

American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Burrow Inupiat Traditional Government)

Middle Eastern or North African (For example, Lebanese, Iranian, Israeli, Egyptian, Syrian, Moroccan, Algerian, etc.)

Native Hawaiian or Other Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

Some other race, ethnicity, or origin. (please indicate below _____)

Guardian Phone: _____

Guardian Name/relationship to student: _____ Guardian email: _____

Are you currently in the custody of DSS? Yes No

Were you in custody of DSS on your 18th birthday? Yes No

Name of current DSS Case Worker _____

County _____ Phone (_____) _____

Email _____

List any health factors or special needs that should be called to our attention: _____

List any mental health diagnoses: _____

Primary Care Physician: _____ Dentist: _____

Date of last physical exam: _____ Date of last dental exam: _____

Please list all current medications: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you been involved with the Department of Juvenile Justice? Yes No
If yes, what county? _____ Name of DJJ Court Counselor: _____

Do you have resources or assets totaling over \$10,000? Yes No

Please include a copy of an official, state-issued birth certificate.

Educational Data

Highest grade completed: _____

Educational status: currently attending suspended expelled not enrolled graduated

List all high schools and colleges attended:

School	Date Attended	City/State/Zip	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of high school guidance counselor _____ Phone (____) _____

Have you taken the SAT? Yes No Date(s) _____

Have you taken the ACT? Yes No Date(s) _____

Please provide all official high school and/or college transcripts. Please contact individual schools for information on receiving transcripts. In addition, please include a copy of recent physical and immunization records.

Mail to: Eliada ESTA Program
Office of Admissions
PO Box 16708
Asheville, NC 28816

Benefits Information

Please check all forms of assistance that you are currently receiving:

Medicaid (policy # _____)

Food Stamps

WIC

SSI

Private Insurance (Provider: _____ policy # _____)

Household composition

Number of children in current household: _____

Number of adults in current household: _____

Total number of people in current household: _____

Please check your approximate average annual household income:

- \$14,999 or less
- \$15,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000 or more
- unknown

References

Please provide the name and contact information for three references who can attest to your ability to succeed at ESTA. Preferably, please include one personal, one professional and one academic reference. In addition, submit one character reference letter from a non-family member.

1. Reference Name: _____

How does this individual know you? _____

Phone: _____ Email: _____

2. Reference Name: _____

How does this individual know you? _____

Phone: _____ Email: _____

3. Reference Name: _____

How does this individual know you? _____

Phone: _____ Email: _____

Student Agreement

I have truthfully and completely given the information requested in this application. If I am admitted to the Eliada Students Training for Advancement program, I agree to live honorably and to conduct myself according to the values and traditions of Eliada Homes, Inc. I understand that not doing so may result in dismissal.

All statements and information provided on the application are true, and understand that providing false information could lead to disciplinary action including suspension.

Applicant's Signature _____ Date _____

Eliada Homes, Inc. does not discriminate on the basis of race, color, national origin, gender, age or disability in the operation of any aspect of Eliada Homes, Inc.