



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

PLEASE USE FULL LEGAL NAME ON ALL FORMS

## APPLICATION FORM

1355 N. University Ave suite 340  
Provo, Utah 84604-1103  
(801) 377-5229 1-800-995-3463  
fax (801) 377-0414  
www.fineartsdentalacademy.com

Present Street Address	City	State	Zip
Permanent Street Address	City	State	Zip
( ) ( ) ( )	( )	( )	( )
Phone	Cell	Work	
Email Address <input type="checkbox"/> Y <input type="checkbox"/> N If Yes _____ @ _____			
<small>Email Address will be used to contact you about admission and provide you with access to communication systems.</small>			
Gender <input type="checkbox"/> M <input type="checkbox"/> F DOB ___/___/___ Citizen of (Required) _____			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated # of ___ Children			

### Prior Education

High School Name: \_\_\_\_\_  
City/State: \_\_\_\_\_ Grad Date: \_\_\_\_\_  
College: \_\_\_\_\_  
City/State: \_\_\_\_\_ Dates: \_\_\_\_\_  
Other Post Secondary ED: \_\_\_\_\_  
Dates/ Type: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

**If any prior dental lab or dental related training please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fine Arts Academy will not grant, discount, or reduce clock hours or tuition from any previous education or training received from any institution. Information listed above is to inform instructors and staff members of students' experience and knowledge in the dental field.

### How did you hear about Fine Arts Academy?

Newspaper  Brochure  Flyer  Yellowpages

Rehabilitation  Workforce  Friend

Other: \_\_\_\_\_

Who may we thank for your referral: \_\_\_\_\_

### Course most interested in:

Day  Evening

### Predominant Ethnic Background (OPTIONAL)

Caucasian  Hispanic  Native American  Asian  
 Pacific Islander  African American  Other \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
Prior convictions may prevent licensing or externship opportunities.

I authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of the facts called for is cause for dismissal.

Date \_\_\_\_\_

Signature \_\_\_\_\_

SSN# \_\_\_\_\_

Social Security Number used for tracking purposes only.

**Fine Arts Academy will grant admission regardless of race, creed, color, sex, age, national origin, handicap, sexual orientation, political, or religious affiliations or beliefs.**