

**Kansas City Art Institute**  
**Certificate Program Application**  
**Office of Special Programs (816) 802-3505**  
**Program Applying to: \_\_\_\_\_**

<u>Special Programs Office Use Only</u>			
Registered: Date	____/____/____	Initial	_____
Data Entered: Date	____/____/____	Initial	_____
NEW	REPEAT	LAST YR/SEM Attended	_____
Student ID	_____		

**Personal Information**

Name \_\_\_\_\_ MI \_\_\_\_\_  
LAST FIRST

S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)

Address \_\_\_\_\_ Apt./Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**Demographic Information**

*Giving KCAI this information is optional. We are required to request it for reporting purposes to various agencies.*

Race/Ethnicity:  White Non Hispanic  Hispanic  Black Non Hispanic  American Indian/Alaskan Native  
 Non-resident Alien (not US Citizen)  Asian Pacific Islander  US Citizen

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married

**Educational History:**

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

GED completion date: \_\_\_\_\_

***An official transcript from your graduating high school is necessary to complete you application process. Request an official transcript from your high school and ask them to send it directly to:***

***KCAI – Special programs, 4415 Warwick Blvd, Kansas City, MO 64111. Please direct any questions to the Special Programs at KCAI (816) 802-3505 or rkartman@kcai.edu.***

**Non-Refundable Application Fee**

Mastercard/Visa (circle one) Number \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount Charged \_\_\_\_\_

Money Order No.	Drawn On	Received On	Amount of Money Order
Personal Check No.	Name on Check	Drawn On	Received On
			Amount of Per. Check

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_