

Date: _____

Applicant Information (Type or Print Neatly)

Name: _____
First *Middle* *Last*

Address: _____
Street Address *Apt/Unit#*

_____ *City* *State* *Zip Code*

Student Cell: _____ Student Email: _____

Parent Cell: _____ Parent Email: _____

Home Phone: _____

Education Information

High School: _____ Expected Graduation Date: _____

Grade: Junior Senior Current High School GPA: _____

List any CTE course you are taking/have taken at your current high school:

Course: _____ Year: _____

Course: _____ Year: _____

Course: _____ Year: _____

Course: _____ Year: _____

Have you taken any classes at Weaver Academy? Yes No If yes, list class & teacher:

Course: _____ Teacher: _____

Course: _____ Teacher: _____

Course: _____ Teacher: _____

Course: _____ Teacher: _____

Career & Interest Information

What career(s) are you interested in? _____

Education plans after high school? 2-Year Degree 4-Year Degree Apprenticeship

School & Community Activities: _____

Are you available for a Pre-Apprenticeship assignment from June to August? Yes No

List any hours you would be unavailable to work: _____

Employment History

Business: _____ Supervisor: _____

Phone: _____ Start Date: _____ End Date: _____

Job Duties: _____

Business: _____ Supervisor: _____

Phone: _____ Start Date: _____ End Date: _____

Job Duties: _____

Additional Information

Have you submitted a GAP application before? Yes No

How did you hear about GAP? _____

Which GAP Company Open House(s) did you attend with a parent/guardian?

Why are you applying for the Apprenticeship Program?

What skills and abilities to you bring to the program?

How is an apprenticeship related to your career goals?

Disclaimer and Signatures

My signature below verifies that the above information is correct. I understand if I am selected for the program, I am responsible for abiding by the policies and procedures of my employer as well as the guidelines for the GAP program. In addition, I give permission for my employer to review my grades to verify that I am maintaining the standards set by this program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School CDC/CTE Signature: _____ Date: _____

Please complete and submit by due date shown on the GAP website (www.gapnc.org). Include a copy of your official high school transcript and attendance record with this application to verify eligibility for the program. There are NO EXCEPTIONS for incomplete or late applications. If you have any questions, contact your school counselor or CTE teacher.

Checklist: Application Complete
Official High School Transcript
Quick Work-Up Page – Attendance Record
Placement Test Appointment with GTCC

Mail to: GAP Applications
c/o Todd Poteat
4833 W. Gate City Blvd
Greensboro, NC 27407