

PRELIMINARY APPLICATION

NAME _____
Last First M.I. Social Security Number

ADDRESS _____
Street City State Zip

DATE OF BIRTH _____ AGE _____ PHONE _____

EDUCATION:

High School/College City & State Date Graduated Degree

JOB EXPERIENCE:

Employer Address & Phone Dates Position/Duties

-----Cut along this line-----

How did you hear about R.V.S.A? _____

Explain why you may like to become a ___RV ___Marine Technician (check one)

I have___have not___requested my transcript to be sent to the R.V.S.A.

With my signature below (parent or guardian, if under 18) I hereby state that the above information is true.

Mail to:
RECREATIONAL VEHICLE SERVICE ACADEMY
1012 10th Street East
Palmetto, FL 34221
941-722-5256

Signature

Parent or Guardian (if under 18)

The completion and submittal of this preliminary application DOES NOT guarantee enrollment in the R.V.S.A.

If accepted, I plan to attend classes in the ___Fall ___Winter ___Spring ___Summer