



COLORADO SCHOOL OF TRADES
 • 303-233-4697 • 800-234-4594 • FAX 303-233-4723
 1575 Hoyt St., Lakewood, CO 80215
 GUNSMITHING APPLICATION FOR ENROLMENT

Please Print in Ink or Type

Last Name	First Name	MI	Social Security Number
Street Address	City	State	Zip Code Phone Number
Date of Birth ____/____/____ Age ____		How did you hear about CST?	
Place of Birth _____		<input type="checkbox"/> School Website <input type="checkbox"/> Referral	
Are you a US Citizen? YES/ NO (circle one)		<input type="checkbox"/> Other _____	
Is there any additional information that we should know in order to better serve your needs? _____			
How do you plan on financing your education? (Check all that apply)			
<input type="checkbox"/> Self Pay <input type="checkbox"/> VA: (what benefit?) _____			
<input type="checkbox"/> Financial Aid <input type="checkbox"/> Other: (Please specify) _____			
Nearest family member not living with you:			
Name: _____		Relation: _____	
Phone Number: _____		Address: _____	

Give two personal references (not family members)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
How do you know him/her? _____	How do you know him/her? _____
Previous postsecondary (after high school) education? Specify: _____	
Do you have a High School Diploma or equivalent? Specify: _____	
List experience in related field/related course: _____	
What would your plans be after graduation? _____	

Date you wish to start: _____ Date of Application: _____

My signature below certifies that I possess a high school diploma or its equivalency and that the information provided is true and correct to the best of my knowledge.

Signature

NOTE: THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED!!

An individual who has been or is:

**under an indictment for a felony;
convicted of a felony;
a fugitive from justice;
an unlawful user of, or addicted to, marijuana or a depressant, stimulant or narcotic drug;
adjudicated mentally defective and/or committed to a mental institution;
discharged from the Armed Forces under dishonorable conditions;
an alien illegally in the United States;
one who has renounced his or her United States citizenship;
subject to a court restraining order;
or convicted of a misdemeanor crime of domestic violence;**

cannot own or possess a firearm by federal law. Possession of or ownership of a firearm by individuals described above is a felony. As such, any person described above cannot attend the Colorado School of Trades Gunsmithing program.

All individuals attending the Gunsmithing program will undergo a background check within the first three months of the program.

The Bureau of Alcohol, Tobacco, Firearms, and Explosives requests that each applicant sign below indicating that he/she fully understands the above.

I hereby certify that I have read the above statement, and have a complete understanding of its contents. Also, my signature below signifies that all information included on this application is correct to the best of my knowledge.

Applicant Signature

Applicant's signature below confirms they understand the Associate of Occupational Studies Degree in Gunsmithing is NOT transferrable. The degree and credits earned at the Colorado School of Trades will not transfer to other schools.

Applicant Signature

Please include \$300.00 along with a copy of your High School Diploma, High School Transcript, GED or DD214 (indicating you are a high school graduate). The \$300.00 is a deposit to hold a seat. Also, include an essay requirement, legibly printed or typed, titled 'Why I Choose to be a Gunsmith'.

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