



**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
Email Address: _____		Check Housing Preference	
Date of Birth: ____/____/____ Age: _____		<input type="checkbox"/> 1 Bedroom	
Place of Birth: _____		<input type="checkbox"/> 2 Bedroom	
Are you a US Citizen?      YES      NO			
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.**

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**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.**

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**Applicant Signature**

**Please include \$300.00 along with a copy of your High School Diploma, High School Transcript, GED or DD214. \$300.00 is a deposit to hold a seat and is 100% refundable if you don't start. Also, include an applicant essay, legibly printed or typed, titled 'Why I Choose to be a Gunsmith.'**

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