



**The Sewing Labs Training Application**

526 Campbell, Kansas City MO 64106

816-888-3051

operations@thesewinglabs.community

**Admissions Application**

**Contact Information**

| Name | Last/Family | First | Middle (optional) |
|------|-------------|-------|-------------------|
|------|-------------|-------|-------------------|

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**Address** include street & number, city state & zip

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| Phone | Alternate Phone |
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**Email** Correspondence will be through email unless noted

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| Date of Birth |
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**Race or Ethnicity** Check All Appropriate - This information is gathered for 501(c)3 non-profit documentation

|                          |                                |                          |                 |
|--------------------------|--------------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | American Indian/Alaskan Native | <input type="checkbox"/> | Hispanic/Latino |
|--------------------------|--------------------------------|--------------------------|-----------------|

|                          |       |                          |                                |
|--------------------------|-------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Native Hawaiian/Pacific Island |
|--------------------------|-------|--------------------------|--------------------------------|

|                          |                        |                          |       |
|--------------------------|------------------------|--------------------------|-------|
| <input type="checkbox"/> | Black/African American | <input type="checkbox"/> | White |
|--------------------------|------------------------|--------------------------|-------|

|                          |       |                          |  |
|--------------------------|-------|--------------------------|--|
| <input type="checkbox"/> | Other | <input type="checkbox"/> |  |
|--------------------------|-------|--------------------------|--|

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**Referred by** (how did you hear about our program) person/organization/other

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**Emergency Contact**

| Name | Relationship to Student |
|------|-------------------------|
|------|-------------------------|

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| Phone | Alternate Phone |
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**Reason for attending Program - check all that apply**

|                          |              |                          |                 |
|--------------------------|--------------|--------------------------|-----------------|
| <input type="checkbox"/> | Job Training | <input type="checkbox"/> | Entrepreneurial |
|--------------------------|--------------|--------------------------|-----------------|

|                          |               |  |  |
|--------------------------|---------------|--|--|
| <input type="checkbox"/> | Other Explain |  |  |
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**Do you have a preferred focus?**

|                          |                       |                          |             |
|--------------------------|-----------------------|--------------------------|-------------|
| <input type="checkbox"/> | Garment Manufacturing | <input type="checkbox"/> | Alterations |
|--------------------------|-----------------------|--------------------------|-------------|

|                          |              |                          |            |
|--------------------------|--------------|--------------------------|------------|
| <input type="checkbox"/> | Sewn Product | <input type="checkbox"/> | Home Decor |
|--------------------------|--------------|--------------------------|------------|

|                          |             |                          |                 |
|--------------------------|-------------|--------------------------|-----------------|
| <input type="checkbox"/> | Accessories | <input type="checkbox"/> | Pet Accessories |
|--------------------------|-------------|--------------------------|-----------------|

|                          |        |                          |                 |
|--------------------------|--------|--------------------------|-----------------|
| <input type="checkbox"/> | Bridal | <input type="checkbox"/> | Other (explain) |
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|                          |           |  |  |
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| <input type="checkbox"/> | Tailoring |  |  |
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If you are in need of fee assistance, request a Scholarship Application