



## APPLICATION FOR THE OPHTHALMIC ASSISTANT PROGRAM

### APPLICANT INFORMATION

Rolling Admissions Applications for fall 2018 will be accepted until the class is full

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please list any other names you have gone by here: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Banner ID (for community college students): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

May we text your cell phone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

HCC E-mail: \_\_\_\_\_ Personal or alternate E-mail: \_\_\_\_\_

(All contact will be made using this address.)

### CHECKLIST FOR REQUIREMENTS FOR APPLICATION

1. All Official Transcripts  
(high school and any college transcripts)
2. One professional, employer or instructor letter of reference, sealed and signed by the person writing the reference. No personal references.
3. Essay (250 to 500 words) Explain why you want to be an ophthalmic assistant and describe two of your characteristics or experiences that would support your application.

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## REFERENCE (ON OFFICIAL LETTERHEAD IF POSSIBLE)

**Name and Job Title**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S SIGNATURE

I authorize the verification of the information provided on this form, and, to the best of my knowledge, believe it to be complete and accurate. I understand that any falsification will result in dismissal from the program.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail the completed application and required documentation to Housatonic Community College, 900 Lafayette Blvd., Bridgeport, CT 06604, Attention: Rosalee Creighton-Fuller, Math/Science Department Secretary**