



Application for Admission to the Master Gunsmithing Program® Pennsylvania Gunsmith School®

The information given in this application will be treated as confidential. Please answer ALL questions carefully and in full.

General Information

Name of Applicant:			Date of Application:		
Cell Phone Number: ()			Social Security Number:		
Home Address:					
City:			State:		Zip Code:
Date of Birth:	Age:	Marital Status:		Email Address:	
Alternate Contact Person (Name/Relationship/Phone Number):					
Education funding will include (check any that apply) <input type="checkbox"/> Self Pay <input type="checkbox"/> Will apply for federal/state financial aid <input type="checkbox"/> VA Education Benefits (e.g. Post 9/11) <input type="checkbox"/> Will apply for state or VA Vocational Rehabilitation <input type="checkbox"/> Other _____					
Veteran/Enlisted or served any time in military? Yes <input type="checkbox"/> No <input type="checkbox"/>			Type of Discharge:		
			Date of Discharge:		
High School Name and Address:				Date Graduated:	
Have you attended any postsecondary school? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of Postsecondary School Attended		City, State		Degree Granted	Dates of Attendance
Race/Ethnicity (statistical purposes only):			Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Special Training in Gunsmithing:					
Have you applied to any other gunsmith school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which school(s)					

Please do not write in this space	
Date Received:	Application Fee:



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Employment History (Attach separate page if needed.)

Employer	City, State	Job Title	Dates of Employment

Short Answer Questions

- *Choose 2 questions to answer.*
- *For each question, answer must be a minimum of 4 sentences.*
- *Attach additional page if needed.*

1. Why is Gunsmithing the right career for you?
2. How did your interest in Gunsmithing and PGS develop?
3. What skills do you have that will help you with Gunsmithing?

Preferred Start Month

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February |
| <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November |

Short Answer Question # _____ (MUST be a minimum of 4 sentences)

Short Answer Question # _____ (MUST be a minimum of 4 sentences)

References

Provide two non-family references (e.g. employer, co-worker, teacher, guidance counselor, coach, mentor, etc.)

Name	Phone Number	Email Address	Relationship

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The following questions are from BATFE Form 4473: Firearms Transaction Record Part I. The information provided is used to determine whether an individual is prohibited under law from receiving/possessing a firearm. You must answer ALL questions honestly and to the best of your ability.

****A prohibited person cannot attend PGS.****

	Yes	No
Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? (<i>Information is a formal accusation of a crime verified by a prosecutor.</i>)		
Have you ever been convicted in any court of a felony , or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?		
Are you a fugitive from justice?		
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.		
Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution?		
Have you been discharged from the Armed Forces under dishonorable conditions?		
Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?		
Have you been convicted in any court of a misdemeanor crime of domestic violence?		
Have you ever renounced your United States citizenship?		
Are you an alien illegally or unlawfully in the United States?		
Are you an alien who has been admitted to the United States under a nonimmigrant visa?		

- **The school reserves the right to accept or reject any applicant.**
- **PGS does not discriminate on the basis of race, religion, color, gender, sexual orientation, genetic information, age, disability, or national origin.**
- **I certify that the statements in this application are true and correct.**
- **I understand that falsification automatically voids this application.**
- **I understand that falsification when discovered will immediately terminate my enrollment in school.**

Signature of Applicant

Signature of Parent/Guardian if Applicant is Under 18 Years of Age