



Oregon Farrier School  
 PO Box 17601  
 Salem, OR. 97305  
 503-901-7651  
[oregonfarrierschool@msn.com](mailto:oregonfarrierschool@msn.com)

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First	Middle Initial	Last
Street Address		
City	State	
Zip		

Have you ever applied to this school before? <i>Circle One</i>	Yes	No	When?	
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Have you ever attended this school before? <i>Circle One</i>	Yes	No	Did you graduate?	Yes	No
If you did not graduate, what was the reason you left?					

Daytime Phone Number	
Message Phone Number	
Cell Phone Number	
Email Address	





Date of Birth	month/day/year		Are you a U.S. Citizen? <i>Circle One</i>	Yes	No
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**Emergency Contact Information**

Name	
Street Address	
City, State, Zip	
Phone Number	

**EDUCATION**

**Secondary Education:**

High School Graduate - Year _____			Did not complete high school
GED Year _____			

**I have completed the following postsecondary education: (Check all that apply)**

Have not attended college		Associate degree
Some college		Bachelor degree
Certificate program at community college		Master degree
Private career school certificate/diploma		Doctorate or professional degree
Apprenticeship training		Other (Describe below)





**List the name and location of postsecondary institution(s) you attended:**


**Are you currently employed? (Choose one)**

<input type="checkbox"/>	Yes, 35+ hours / week	<input type="checkbox"/>	Yes, less than 35 hours/week
<input type="checkbox"/>	No, not at this time	<input type="checkbox"/>	Retired

**I am pursuing admission for the following reason: (Choose one)**

<input type="checkbox"/>	Career preparation and employment	<input type="checkbox"/>	Advanced training / Continuing education
<input type="checkbox"/>	Personal development / Self improvement	<input type="checkbox"/>	

**I intend to enroll in the following program:**

<input type="checkbox"/>	<i>Professional Farrier Program</i>	<input type="checkbox"/>	<i>Practical Farrier Program</i>
<input type="checkbox"/>	<i>Advanced Farrier Program</i>	<input type="checkbox"/>	<i>Clinic</i>
<input type="checkbox"/>	<i>Internship Program</i>	<input type="checkbox"/>	<i>Other</i>





**Application Deadlines:**

All materials must be submitted 45 days prior to the first day of class.

\*\*\*\*\*In order to process this form it must be filled out completely.

**Background check:**

A background check will be performed as part of this application. Have you ever been convicted of a crime other than a minor traffic violation?    No  
or    Yes    (circle one)

If yes, please explain on a separate sheet of paper.

**I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the “start date” to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated.**

**Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

*A non-refundable/refundable \$150.00 application fee, payable to (Oregon Farrier School) must accompany your application. An applicant whose check is returned for insufficient funds will be charged an additional fee of (\$20.00). Applications are not processed without payment of the application fee.*

Is there any other information you would like to provide that might impact your ability to benefit from the program (i.e., physical limitations, dyslexia, attention deficit disorder, etc.)?






