



Admission Application – Valor Honey

APPLICATION FOR ADMISSION TO VALOR HONEY BEEKEEPING AND HONEY PRODUCTION TRAINING PROGRAM.

This is a basic information form. We will contact you to discuss our program in detail and answer any questions you may have before officially registering you in our course work.

Our goal is to help you find a new and meaningful way of life whether that is a commercial beekeeper, a farmer who has bees to diversify his or her farm, or simply for the continuing therapy bees can provide wherever you might wish to find your new life.

You will be welcomed to Valor by veterans who have experienced precisely what you have experienced. Those same veterans will work with you every day to make sure that when you leave our program, you will find yourself a more confident and whole person.

Please be aware that Valor Honey is not currently certified to accept international students.

Please contact us at 785-556-6799 if you have any questions with this process.

Upon completion, please scan and send this form to info@valorhoney.org. One of our members will be touch with you within 24 hours to begin building a trusting relationship with you.

1. PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

PREFERRED NAME:

BIRTH/MAIDEN NAME:

GENDER:

MALE

FEMALE

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER (MOBILE)

Does Valor Honey have permission to send you mobile text messages?

YES

NO

2. ADDRESS INFORMATION

CURRENT MAILING ADDRESS

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

Describe your military service in a paragraph below.

Are you eligible for veteran's benefits?

Yes

No

3. ACADEMIC INFORMATION

Desired timeframe you wish to start?

Briefly describe your goal in attending Valor Honey Training.

Briefly describe your work history outside of the military

VALOR HONEY/ PARTNER CLASS INTEREST

Please circle the level of training desired. Apprentice Journeyman Master Commercial

EDUCATION

Did you graduate high school?

Yes

No

Please use the fields below to provide information on high schools or colleges attended:

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF SCHOOL:

CITY:

STATE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.

SIGNATURE

DATE

By signing this form, I attest that the aforementioned information is true and correct to the best of my ability.

Thank you. We look forward to helping you reach your goals. If you are unsure of them, we will help you discover them.

