

Personal Statement Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please respond to the prompts on both sides of the form. You may type your responses on a separate sheet of paper.

1. Please list your prior felony conviction(s) involving violence, harm to others, or weapons in any state or country below. Additionally, please provide a summary of the circumstances that led to your conviction(s), background on why this incident happened.

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| --- | --- | --- | --- | --- | --- |
| **Crime:**  |  | **Date Committed:**  |  | **Sentence:**  |  |
| **Summary:**  |  |  |
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| **Summary:**  |  |  |
| **Crime:**  |  | **Date Committed:**  |  | **Sentence:**  |  |
| **Summary**:  |

1. What positive changes have you made in your life since you were last convicted?
2. What are you planning to study while at East Central College? What are your career goals associated with this major?

**If you are currently on probation or parole, please provide the name, telephone number, and jurisdiction of your officer.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation/Parole Officer Name Phone #

 \_\_\_\_\_ Municipal or City Probation Office \_\_\_\_\_ County Probation Officer \_\_\_\_\_ Adult Parole

**I certify the information provided in this document is true and accurate to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please return to:**

**Behavioral Intervention Team**

**Office of Student Development**

 **East Central College**

**1964 Prairie Dell Road Union, MO 63084**

*FAX 636-584-0063*