



# MARYLAND CENTER FOR HOSPITALITY TRAINING

3618 Fords Lane Suite B  
Baltimore, MD 2121

## Application

### Student Name

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Date of Application \_\_\_\_\_

Age \_\_\_\_\_ years Gender \_\_\_\_\_ M/F

*MCHT does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.*

### Permanent Address

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Company \_\_\_\_\_

### Academic Details

High School Graduate Y/N \_\_\_\_\_ School \_\_\_\_\_

Year graduated \_\_\_\_\_ Diploma \_\_\_\_\_

GED/Tech School \_\_\_\_\_

College Graduate Y/N \_\_\_\_\_ School \_\_\_\_\_

Year Graduated \_\_\_\_\_

Degree/Certificate \_\_\_\_\_

*I certify that all information submitted in the admission process is factually true, and honestly presented, and that these documents will become the property of MCHT and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.*

Signature \_\_\_\_\_



**MARYLAND CENTER**  
FOR HOSPITALITY TRAINING

**MCHT Level**

- I.
- II. \_\_\_
- III. \_\_\_
- IV. \_\_\_
- V. \_\_\_