

Arkansas State University-Newport High Voltage Lineman Technology

Name: _____
Last First Middle Maiden

Address: _____

City State Zip County

Birthdate ____/____/____ Male Female

Email _____

Phone Numbers: Home: _____ Cell: _____
Work: _____ Emergency Contact: _____

I affirm that all information supplied is complete and accurate. I understand that any misrepresentation of facts on this application or missing information could be cause for refusal of admission, cancellation of admission or suspension from college. To be considered for the HVLT program, I understand that a pole climb evaluation is required and that my driving record has accumulated less than 10 points. I understand that if selected for the High Voltage Lineman Program, I will be required to attend a program orientation.

Applicant's Signature: _____ Date: _____

DEADLINE TO APPLY – MAY 15, 2026

THIS FORM MUST BE RETURNED TO VICKI FRANS IN ORDER TO BE CONSIDERED FOR THE HVLT PROGRAM.

Email: vicki_frans@asun.edu (underscore between first and last name)

Fax: 870-358-4117

Mail: ASUN, P O Box 280, Marked Tree, AR 72365