



Alliance Career Center
500 Glamorgan St. Alliance, Ohio 44601
330-829-2267 f. 330-821-3573
www. accrtw.org

APPLICATION FOR FULL-TIME TRAINING PROGRAMS
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STUDENT: The requested information is for your Master File. **Clearly** print the information or check answers in all applicable spaces provided. The Alliance Career Center is committed to equal opportunities and does not discriminate on the basis of race, religion, national origin, sex, sexual orientation, or handicapping conditions.

PLEASE PRINT

<input type="checkbox"/> Medical Assisting (Daytime) (900 hours)	<input type="checkbox"/> Medical Assisting (Evening) (900 hours)	<input type="checkbox"/> Welding (Evening) (648 hours)
	<input type="checkbox"/> Cosmetology (Evening) (1500 hours)	

APPLICANT INFORMATION

Date of Application:		Start Date:	
Name (Last, First, MI):		SSN (Required):	
Street Address:		City:	State: OH
Date of Birth:	Phone:	Email Address:	

EMERGENCY CONTACT/ADDITIONAL CONTACTS
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List name, relationship, and phone number of a person who can be contacted in case of an emergency.		
Name and Address	Relationship:	Phone Number:

DEMOGRAPHIC INFORMATION

Prior Felony Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, details:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Live With Parents: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Household Members:
Check all that apply: <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Single Parent <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Worker <input type="checkbox"/> Limited English <input type="checkbox"/> Non-traditional Training <input type="checkbox"/> US Veteran		
EDUCATION INFORMATION		
High School Name:	Year Graduated / Obtained GED:	<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Home School <input type="checkbox"/> None
COPY OF HS DIPLOMA, HS TRANSCRIPT, OR GED CERTIFICATE REQUIRED TO BE SUBMITTED WITH APPLICATION		
Previous College / Post-Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year completed:
Previous Colleges / Schools Attended:		
How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Billboards <input type="checkbox"/> Friend/Family <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Funding Agency <input type="checkbox"/> Other _____		

FOR YOUR INFORMATION

This application does **not** guarantee enrollment in the class you have chosen. All classes are offered on a first come first serve basis and run only when a sufficient number of students are enrolled. You must complete your financial aid paperwork, pay the \$50.00 nonrefundable application fee, and complete all steps of the admission process.

The admissions process:

- complete WorkKeys with scores which meet minimum requirements for the program
- a complete application with all fees paid
- Provide documentation that you have met all other requirements (HS diploma, age, medical clearance for certain programs, etc.).

NOTE: YOU ARE NOT REGISTERED UNTIL THE APPLICATION FEE IS PAID. IF THE CLASS DOES NOT RUN DUE TO INSUFFICIENT ENROLLMENT A REFUND OF THE APPLICATION FEE WILL BE ISSUED.

All applicants should fill out the Pell grant application to determine what funds they are eligible for. This can be done at www.fafsa.ed.gov. The required school code is 030151. **If you are eligible, please use the Data Retrieval Tool and transfer your tax information from the IRS website to your FAFSA.** If you are having problems filling out the Pell grant application we can assist you in the process.



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All applicants must meet with the financial aid office before entering the program. After completing the FAFSA online you can schedule a financial aid appointment at 330-821-2102.

PLEASE CALL THE FINANCIAL AID OFFICE AT 330-821-2102 AFTER YOU HAVE FILED YOUR FAFSA AND HAVE YOUR REQUIRED FINANCIAL AID DOCUMENTS (please do not call until you have all your documents). Your appointment with the Financial Aid Officer will be approximately 45 minutes. Please allow for adequate time. If you make an appointment and have to cancel, please call our office to let us know.

PLEASE SIGN TO ACKNOWLEDGE THAT YOU HAVE READ AND HAVE A CLEAR UNDERSTANDING OF THE ABOVE STATEMENTS. BY SIGNING THIS APPLICATION, YOU ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE.

I acknowledge having the opportunity to view the student handbook posted on the Career Center's website at www.accrtw.org. I agree to pay the full price of tuition owed for the class enrolled in.

SIGNATURE

DATE

FOR OFFICIAL USE ONLY	
DATE PAID: _____	RECEIPT NUMBER: _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (CHECK #)	MONEY ORDER (#)
AMOUNT: _____	_____