APPLICATION FOR SHORT-TERM TRAINING PROGRAMS

APPLICANT INFORMATION

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

EMERGENCY CONTACT / REFERENCE INFORMATION

List the name, relationship to, and phone number of a person which can be contacted in the case of an emergency.

Name and Address:	Relationship:	Phone Number:

DEMOGRAPHIC INFORMATION

Prior Felony Conviction: ☐ Yes ☐ No	If Yes, details:

Gender: ☐ Male ☐ Female	Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ White

Marital Status:
☐ Single   ☐ Married   ☐ Divorced   ☐ Separated   ☐ Widowed

Live With Parents: ☐ Yes ☐ No	Number of Household Members:

Check all that apply:
☐ Economically Disadvantaged   ☐ Single Parent   ☐ Disabled   ☐ Displaced Worker
☐ Limited English   ☐ Non-traditional Training   ☐ Veteran

EDUCATION INFORMATION

High School Name:	Year Graduated / Obtained GED:	☐ HS Graduate ☐ GED ☐ Home School ☐ None

COPY OF HS DIPLOMA, HS TRANSCRIPT, OR GED CERTIFICATE REQUIRED TO BE SUBMITTED WITH APPLICATION

Previous College / Post-Secondary Education: ☐ Yes ☐ No	Completed ☐ Yes ☐ No	If yes, year completed:

Previous Colleges / Schools Attended:

How did you hear about us?
☐ Newspaper ☐ Website ☐ Billboard ☐ Funding Agency ☐ Friend/Family
☐ Facebook   ☐ Twitter   ☐ Instagram

Alliance Career Center
500 Glamorgan St., Alliance, Ohio 44601
p. 330-829-2267   f. 330-821-357
www.accrtw.org

<u>**FOR YOUR INFORMATION**</u>

This application is **not** a guarantee of enrollment in the class you have chosen. All classes are on a first come first serve basis and run only when a sufficient number of students are enrolled.

***You must pay the $25.00 nonrefundable application fee and complete <u>all steps</u> of the admission process prior to being considered as "enrolled" in class. ***

The admissions process entails:

- completing an entrance examination (TABE Test) with scores that meet minimum requirements for the program.
- a complete application with all fees paid
- providing documentation that you have met all other requirements (HS diploma, age, medical clearance for certain programs, etc.

<u>**NOTE**</u>:   *THERE IS A <u>NONREFUNDABLE</u> $25.00 APPLICATION FEE, WHICH MUST BE PAID WITH THIS APPLICATION.* *YOU ARE NOT ENROLLED IF THE APPLICATION FEE IS NOT PAID.* **IF THE CLASS DOES NOT RUN DUE TO INSUFFICIENT ENROLLMENT A REFUND OF THE APPLICATION FEE WILL BE ISSUED.**

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.

_____   _____
SIGNATURE   DATE

FOR OFFICIAL USE ONLY		
DATE PAID: _____	RECEIPT NUMBER: _____	
☐ CASH ☐ CHECK (CHECK NUMBER) _____	MONEY ORDER (#) _____	