



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

<b>APPLICATION FOR FULL-TIME TRAINING PROGRAMS</b>
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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.

**Check the program you are applying for.**

<input type="checkbox"/> Medical Billing & Coding (900 hours)	<input type="checkbox"/> Medical Assistant (900 hours)	<input type="checkbox"/> Welding Evening (648 hours)	<input type="checkbox"/> Cosmetology Evening (1500 hours)
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<b>APPLICANT INFORMATION</b>
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Date of Application:		Start Date:	
Name (Last, First, MI):		SSN (Required):	
Street Address:		City:	State: OH
Date of Birth:	Phone:	Email Address:	

<b>EMERGENCY CONTACT/ADDITIONAL CONTACTS</b>
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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:

<b>DEMOGRAPHIC INFORMATION</b>
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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"/> Native American 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/Self or Parent <input type="checkbox"/> Out of Workforce <input type="checkbox"/> Homeless <input type="checkbox"/> Disabled		
<b>EDUCATION INFORMATION</b>		
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
<b>COPY OF HS DIPLOMA, HS TRANSCRIPT, OR GED CERTIFICATE REQUIRED TO BE SUBMITTED WITH APPLICATION</b>		
Previous College / Post-Secondary Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated/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 TABE with scores which meet minimum requirements for the program
- a completed 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](http://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.

***Any information you report on the FAFSA may be required to be verified! If you are selected by the U.S . Department of Education you may be required to provide a tax transcript or other documentation for household size, child support paid, SNAP benefits or family members in college. If verified information changes the reported documentation, this may affect your financial aid eligibility. If you are selected for verification this must be complete before your aid can be disbursed.***



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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](http://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:

AMOUNT:

RECEIPT NUMBER:

CASH

CHECK # \_\_\_\_\_

MONEY ORDER # \_\_\_\_\_

CREDIT CARD