



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

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
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: <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 or 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		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"/> 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		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"/> Billboard <input type="checkbox"/> Funding Agency <input type="checkbox"/> Friend/Family <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram			



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FOR YOUR INFORMATION

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 all steps 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.

NOTE: THERE IS A NONREFUNDABLE \$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 (#) _____