



## 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: Age:	D/L # (State):	Years in Alliance Area:	
Home Phone:	Cell 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:	Relationship:	Phone Number:
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List name, address, and phone number of 2 people who will always know your address / contact information

1	Name:	Address:	Phone Number:
2	Name:	Address:	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	

### 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
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**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:
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Previous Colleges / Schools Attended:
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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 non-refundable application fee, the \$50.00 seat deposit (applied to tuition balance at enrollment), and complete all steps of the admission process prior to being considered as “enrolled” in class.

The admissions process entails (a) completing an entrance examination with scores which meet minimum requirements for the program (b) a complete application with all fees paid, (c) an admissions interview, and (d) providing documentation that you have met all other requirements (HS diploma, age, medical clearance for certain programs, etc.).

**NOTE: THERE IS A NON-REFUNDABLE \$25.00 APPLICATION FEE, WHICH MUST BE PAID WITH THIS APPLICATION. IF THE CLASS DOES NOT RUN DUE TO INSUFFICIENT ENROLLMENT A REFUND OF THE APPLICATION FEE WILL BE ISSUED.**

**NOTE: FOR ALL SHORT-TERM PROGRAMS, THERE IS A REFUNDABLE \$50.00 SEAT DEPOSIT WHICH IS APPLIED TO YOUR ACCOUNT UPON ENROLLMENT.**

**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 Centre’s web site at [www.acctw.org](http://www.acctw.org).**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICIAL USE ONLY

DATE PAID: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

CASH

CHECK (CHECK NUMBER) \_\_\_\_\_

MONEY ORDER (#) \_\_\_\_\_



**STNA Check-List**

Thank you for applying to attend the State Tested Nurses Aid (STNA) program at the Alliance Career Centre. **The following items are required prior to your first day of class:**

**Application Fee.** A non-refundable \$25.00 application fee paid along with your completed program application. Payments are made at the reception desk at the Alliance Career Centre. Cash, check or money orders are accepted. No credit or debit cards.

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**Entrance Exam.** All Adult Education programs require minimal scores on the TABE “D Series” assessment for admissions. Please call 330-829-2267 to schedule an assessment.

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**Background Check (BCI).** You are required to have a BCI complete prior to your first day of class. BCI’s can be completed here at the Alliance Career Centre for a fee of \$28. Cash, check or money orders are accepted. No credit or debit cards. State ID or valid driver’s license is required to obtain your BCI. If you have a BCI that is less than 1 year old, it will be accepted.

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**A 2-Step TB (Mantoux)** immunization is required prior to your first day of class. This immunization can be obtained from your family physician or your local Department of Health. If you have a TB test that is less than 1 year old, it will be accepted. If TB immunization is not available, student may get the BAMT blood test.

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Failure to comply with the above will make you ineligible to participate in our STNA program. Evidence of completing the above is to be turned in to the Office Manager of the Alliance Career Centre for your record.

If there is some reason why you cannot accomplish the above prior to your first day of class, please contact the Office Manager at 330-829-2267.