

GREATER ALTOONA CAREER & TECHNOLOGY CENTER

CONTINUING EDUCATION

INSTRUCTIONS FOR COMPLETING APPLICATION

in order to properly process your application, all information requested must be completed. Applications will be returned if individuals fail to properly complete the application or pay the \$10.00 application fee

THIS IS AN INSTRUCTIONAL SAMPLE APPLICATION ONLY!

SIDE 1

PROGRAM OF STUDY: Please state the name of the course you wish to study.

SEMESTER: Applicants for full-time study indicate "Fall 2007". Applicants for Nurse Aide and Commercial Truck Driver must indicate the section desired.

NAME, ADDRESS, TELEPHONE NUMBER, SOCIAL SECURITY #: Fill in completely.

SCHOOL DISTRICT: List the school district in which you live.

PLEASE COMPLETE:

REASONS FOR APPLYING: Tell us why you wish to study this particular training.

FINANCIAL ASSISTANCE: Tell us which financial aid you may be applying for and the name of the counselor assisting you.

PLEASE COMPLETE IF APPLICABLE:

APPLICANT SIGNATURE: PLEASE SIGN YOUR APPLICATION AND ENTER THE DATE:

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GREATER ALTOONA CAREER & TECHNOLOGY CENTER
 1500 4TH AVENUE • ALTOONA, PENNSYLVANIA 16602-3695 • (814) 941-TECH • (814) 946-8469
APPLICATION FOR FULL-TIME ADULT PROGRAMS

PROGRAM OF STUDY: _____ Semester: _____

Name: _____ LAST FIRST MI. Soc. Sec. # _____

Present Address: _____ STREET ADDRESS CITY STATE ZIP CODE

Telephone Number: _____ School District: _____

Cell Number: _____ E-mail: _____

ARE YOU:

16 years of age and out of school? Yes No

A high school graduate? Yes No Year Completed: _____

G.E.D. graduate? Yes No

Covered by medical insurance Yes No

Insurer: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ (H) Phone: _____ (W) Phone: _____

Reason for applying for this training: _____

Do you plan to seek financial assistance for tuition? Yes No

If YES, please indicate which type of funding: (Check all that apply)

VA Yes No COUNSELOR NAME: _____

OVR Yes No COUNSELOR NAME: _____

WIA Yes No COUNSELOR NAME: _____

PELL Yes No COUNSELOR NAME: _____

Other (Specify): _____ COUNSELOR NAME: _____

Please state any military training which you consider related to the training program for which you are applying: _____

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: Interview Date: _____

Test Scores: Date Taken: Funding Source:

Reading: _____ JTPA _____ OVR _____ Accepted: _____ Fee Paid: _____

Math: _____ VA _____ PELL _____ Rejected: _____ Date: _____

CE 9101 (01/06) (OVER)

ADDITIONAL INFORMATION ON REVERSE SIDE

**GREATER ALTOONA CAREER & TECHNOLOGY CENTER
CONTINUING EDUCATION**

PLEASE COMPLETE SECTIONS A, B, and C

THOSE AREAS THAT ARE NOT APPLICABLE PLEASE MARK N/A

Side 2

SECTION 'A': {

FEDERAL AND STATE REPORTING REQUIREMENTS NECESSITATE COMPLETION OF THE FOLLOWING INFORMATION			
BIRTHDATE:	_____ <small>MONTH DAY YEAR</small>	SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female
RACE:	<input type="checkbox"/> Black (B) <input type="checkbox"/> Hispanic (H) <input type="checkbox"/> White (W) <input type="checkbox"/> American Indian (N) <input type="checkbox"/> Asian (A)		

SECTION 'B': {

PROVIDE PRIOR EDUCATIONAL EXPERIENCE AS LISTED				
TYPE OF INSTITUTION	NAME OF INSTITUTION CITY, STATE	PROG	Year of graduation last semester of attendance	Certificate? Diploma? Degree? (If earned)
High School		<input type="checkbox"/> Academic _____ <input type="checkbox"/> Voc _____ <input type="checkbox"/> Voc _____		
Vocational-Technical School				
Trade School				
College/University				

SECTION 'C': {

EMPLOYMENT		
DATES	NAME & ADDRESS OF EMPLOYER	TYPE OF POSITION, DUTIES, ETC.

NON-DISCRIMINATION POLICY: The Greater Altoona Career & Technology Center will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Announcement of this policy is in accord with state and federal laws, including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990. Employees or applicants who have an inquiry or complaint of harassment or discrimination, or who need information about accommodations for persons with disabilities, should contact Title IX Section 504 Coordinator, Daniel Bender, at 1500 Fourth Avenue, Altoona, PA 16802-3695, or telephone (814) 946-8454.

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PROGRAM OF STUDY: _____ Semester: _____

Name: _____ Soc. Sec. # _____
LAST FIRST M.I.

Present Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Telephone Number: _____ School District: _____

Cell Number: _____ E-mail: _____

ARE YOU:

16 years of age and out of school? Yes No

A high school graduate? Yes No Year Graduated: _____

G.E.D. graduate? Yes No

Covered by medical insurance Yes No

Insurer: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ (H) Phone: _____ (W) Phone: _____

Reason for applying for this training program: _____

Do you plan to seek financial assistance for tuition? Yes No

If YES, please indicate which of the following: (Check all that apply)

VA Yes No COUNSELOR NAME: _____

OVR Yes No COUNSELOR NAME: _____

WIA Yes No COUNSELOR NAME: _____

PELL Yes No COUNSELOR NAME: _____

Other (Specify): _____ COUNSELOR NAME: _____

Please state any military training which you consider related to the training program for which you are applying:

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: *Interview Date:* _____

Test Scores: Date Taken: Funding Source:

Reading: _____ JTPA _____ OVR _____ Accepted: _____ Fee Paid: _____

Math _____ VA _____ PELL _____ Rejected: _____ Date: _____

**FEDERAL AND STATE REPORTING REQUIREMENTS
NECESSITATE COMPLETION OF THE FOLLOWING INFORMATION**

BIRTHDAY: _____
MONTH DAY YEAR

SEX: Male Female

RACE: Black (B) Hispanic (H) White (W)
 American Indian (N) Asian (A)

PROVIDE PRIOR EDUCATIONAL EXPERIENCE AS LISTED

TYPE OF INSTITUTION	NAME OF INSTITUTION CITY, STATE	PROGRAM	Year of graduation or last semester of attendance	Certificate? Diploma? Degree? (If earned)
High School		Academic _____ Business _____ General _____ Voc Ed _____		
Vocational-Technical School				
Trade School				
College/University				

EMPLOYMENT

DATES	NAME & ADDRESS OF EMPLOYER	TYPE OF POSITION, DUTIES, ETC.

NON-DISCRIMINATION POLICY: *The Greater Altoona Career & Technology Center will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Announcement of this policy is in accord with state and federal laws, including Title IX of the education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, and the American with Disabilities Act of 1990. Employees or applicants who have an inquiry or complaint of harassment or discrimination, or who need information about accommodations of persons with disabilities, should contact Title IX Section 504 Coordinator, at 1500 Fourth Avenue, Altoona, PA 16602-3695, or telephone (814) 946-8454.*