



2017-2018 APPLICATION FOR ADMISSION TO WORKFORCE DEVELOPMENT TRAINING

This form should be completed by the prospective student. Please do not skip questions that apply to you.

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Any Previous Name(s) _____

Permanent Address: Street, City, State, Zip _____

Mailing Address: If different than Permanent Address _____

(_____) _____ (_____) _____
Home Phone Number Cell Phone Number
By providing your cell phone number, you consent to receiving text messages from Garrett College.

Email Address _____

Date of Birth (month/day/year): ____/____/____

Gender: Female Male

Ethnicity: Please check all that apply:

Are you Hispanic or Latino Yes No

- White Asian
 Black / African American American Indian / Alaska Native
 Native Hawaiian / Other Pacific Islander

Military Service:

- Are you an active duty service member? Yes No
- Are you a veteran? Yes No

If you answered "yes" to any of the above, please list the branch of service that applies: _____

Emergency Contact Information:

Full Name _____ Relationship _____

Home phone _____ Work/Cell Phone _____

How did you learn about Garrett College-Workforce Development Programs?

- College fair GC representative visited my school
 My high school counselor My high school coach
 Friends/family Postcard Newspaper
 Web search Billboard Radio
 Other _____

CITIZENSHIP

United States Citizen? Yes No

Country of **birth:** _____

Country of **citizenship:** _____

Is English your native (first) language? Yes No

If you are not a U.S. citizen:

a) Are you a permanent resident-alien? Yes No

(If yes, please attach a copy of your Alien Registration card)

b) Are you an F-1 or J-1 Visa holder? Yes No

If yes, list I-20 # _____

If no, indicate type of visa held _____

DECLARATION OF RESIDENCY

I am a legal resident of _____ (State) and
_____ (County)

Signature _____

Date _____

Documentation of residency may be required.

ADMISSIONS INFORMATION

Semester you plan to enter Garrett College-Continuing Education and Workforce Development: Fall (September)

Winter/Spring (January) Summer (June)

Educational Status: New, first time attending any training after high school
 Returning Student

Educational Goals: (Please check one goal and list one program of study code from the attached list.)

- To finish a vocational or certificate training program and immediately seek employment
- To finish a vocational or certificate training program and transition to an AA Degree Program
- To participate in an apprenticeship program and vocational training
- Undecided

Intended training program or programs: _____ (See list of Workforce Development Programs on the back page)

EDUCATIONAL HISTORY

Please check the statement that applies to you regarding high school completion.

I have or will graduate from high school in _____ (month) _____ (year).

Name of High School _____ City _____ State _____

I have or will complete a homeschool program of study in _____ (month) _____ (year).

Name of homeschooling program _____ City _____ State _____

I have or will earn a GED in _____ (month) _____ (year). Issuing state _____

I do not have a high school diploma/GED, and I am not currently enrolled in high school or a GED preparation course.

Check if you received special service while attending high school or had an Individual Education Plan (IEP)

FINANCIAL ASSISTANCE

You may be eligible to apply for a Workforce/Vocational Scholarship or other Financial Aid.

I am interested in financial aid information.

I have already been approved for financial assistance. Enter the name of the organization or grant _____

I do not require financial assistance.

FERPA

Privacy Act (FERPA) The policy of the College is to protect and distribute a student's educational records, including, but not limited to any personally identifiable information in accordance with the federal Family Educational Rights and Privacy Act. To read more about FERPA, please go to <https://www.garrettcollege.edu/disclosures-privacy-of-student-records.php>

By checking this box, I agree that my academic and financial records can be discussed with the following individual(s):

Signature

Date

CERTIFICATION OF INFORMATION

I certify that the information which I have given on this application is complete and accurate. I understand that failure to provide accurate information, particularly regarding residency, may be just cause for a disciplinary action and/or increase in tuition. I understand that it is my responsibility to notify Garrett College of any change in information contained in the application. In making this application, I accept and agree to abide by the policies, procedures, and regulations of Garrett College.

Signature

Date

Parent Signature (if under the age of 18)

Date

Workforce Development Programs

Allied Health

- Certified Nursing Assistant (C.N.A.)
- Phlebotomy-Venipuncture Technician
- Emergency Medical Technician
- Paramedic
- Certified Clinical Medical Assistant (CCMA)
- Certified Medical Administrative Assistant (CMAA)
- Medical Coding & Billing
- Veterinary Assistant
- Surgical Technician **(Coming Soon!)**

Transportation

- Bus Driver Training
- Commercial Driver's License (CDL)
- Forklift Driver
- Flagger Training
- Diesel Mechanic **(Coming Soon!)**

Call 301-387-3136 to receive detailed information about each training program. Information is also available on the Garrett College Web Site: www.garrettcollege.edu

Manufacturing

- Welding
- Machining-Manual
- Machining-CNC

Business and Professional Services

- Administrative Assistant/Office Skills

Construction

- Certificate in Apartment/Building Maintenance
- Commercial/Industrial Construction **(Coming Soon!)**
- Broadband Installer **(Coming Soon!)**

Hospitality and Tourism

- Hospitality & Tourism

Education & Human Services

- Child Care

Application Checklist

- Mail your completed application for admission to: **Garrett College, 687 Mosser Road, McHenry, MD 21541. Attn: CEWD.** Provide a copy of your high school diploma or transcript if required for the training program.
- You will be contacted by the Program Director to schedule an Orientation Session and a time to take the TABE (Tests of Adult Basic Education) if required for the training program. The TABE is used to insure students have the basic math and reading skills required to successfully complete their chosen training program. **Remedial assistance may be available to improve math and reading skills.**
- Students seeking accommodation for a documented disability should provide this information to Carol Mowbray Brooks, Director of Adult Education and Workforce Development. 301-387-3770