

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.

As class size is limited, it is recommended that a completed application be submitted at least four (4) weeks prior to the program start date.

PERSONAL INFORMATION

First Name	Middle Name	Last Name		
Social Security Number		Any Previous Name(s)		
Permanent Address: Street	t, City, State, Zip			
Mailing Address: If differen	t than Permanent Address			County
() Home Phone Number	() e Number		
Email Address	By providir.	ng your cell phone number, you consent i	to receiving text me	essages from Garrett College
Date of Birth (month/day/yea	r)://			
Gender: 🗆 Female 🗆 Ma	ale	How did you learn about Development Programs		ge-Workforce
Ethnicity: Please check all	that apply:	□ College fair		tative visited my school
Hispanic or Latino		☐ My high school counselor	•	
□ White	□ Asian	□ Friends/family	□ Postcard	
🗆 Black / African American	🗆 American Indian / Alaska Native	□ Web search	□ Billboard	□ Radio
Native Hawaiian / Other Pacific Islander		□ Case Manager		
		Employer		
Military Service:		□ Other		
	luty service member? □ Yes □ No			
 Are you a veteran? 				
	of the above, please list the branch of			
service that applies:	-,			

CITIZENSHIP

Country of birth: Country of citizenship:

If you are not a U.S. citizen:

United States Citizen? □ Yes □ No

ted States Citizen? 🛛 Yes 🗆 No	If yes, list I-20 #	·····
untry of birth:	If no, indicate type of visa held	
untry of citizenship :		(01-1-)
English your native (first) language? 🛛 Yes 🗆 No	l am a legal resident of	(State) and
ou are <u>not</u> a U.S. citizen:		(County)
Are you a permanent resident-alien? 🛛 Yes 🗌 No		
(If yes, please attach a copy of your Alien Registration card)	Signature	Date
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Documentation of residency may be required.	

DECLARATION OF RESIDENCY

b) Are you an F-1 or J-1 Visa holder?

Yes
No

Is English your native (first) language?
□ Yes □ No

ADMISSIONS INFORMATION

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.

\Box 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 (r	month)(year). Issuir	g state

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

FINANCIAL ASSISTANCE

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

- \Box I am interested in financial aid.
- □ I have already been approved for financial assistance. Enter the name of the organization or grant
- □ I do not require financial assistance.

ELIGIBILITYINFORMATION

In addition to completing the Application for Admission to Workforce Development Training students MUST:

Be in good financial standing with Garrett College

Provide a non-refundable \$25.00 registration fee upon submission

• Paid by: Credit Card

Check Enclosed

Cash

Provide a copy of a high school diploma, GED equivalent, home school course of study, or high school transcript

Application Deadline:

For best consideration, please submit a completed application and other requirements at least three (3) weeks prior to the program start date.

FINANCIAL NEED

Are you currently receiving services from any of the following organizations?		If applicable, list Case Manager/Contact for each Organization:		
Department of Social Services (DSS)	□ Yes	□ No		
Food Stamps	□ Yes	□ No		
Community Action	□ Yes	□ No		
Western Maryland Consortium	□ Yes	□ No		
Healthy Families	□ Yes	□ No		
DORS	□ Yes	□ No		
Appalachian Crossroads	□ Yes	□ No		
Adult Basic Education	□ Yes	□ No		
Number of family members in your household (including you):		Annual household income (This information will remain confidential and will not be shared.)		
I certify that the information I have provided on this form is accurate, and will provide appropriate documentation if required. I understand that if I fail to attend 75% of my class(es) and/or do not complete my coursework, or do not abide by the Student Code of Conduct, my scholarship will be nullified and I will be responsible for 100% of tuition and/or fees. I also pledge, as a condition of receiving student financial assistance, to remain drug free for the full term of the award and understand that unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College, as well as my Maryland financial aid award.				

CAREER GOAL

Continuing Education Program (see last page of application) _

Please describe your career goal, clearly identifying how this workforce program, and a scholarship, will help you to reach that goal.

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

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

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.
- Students must submit a non-refundable \$25.00 registration fee.
- 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.*
- Requests for 504 Accommodations

Garrett College is committed to the success of its students and provides resources to support student learning, including accommodations. There are significant differences in how students obtain accommodations in college as compared to high school. Academic accommodations are not automatic and students should be self-advocates when requesting services. Students who wish to obtain accommodations for their classes must follow Disability Support Services (DSS) procedures:

- 1. Complete the <u>Application for 504/ADA Accommodations</u>.
 - Provide details about the barriers you experience in an academic setting.
 - Discuss accommodations that would be of benefit to you.
- 2. Schedule an intake appointment with the Office of Student Development.
- 3. Students will be required to provide current (within the past three years), written professional documentation in order to verify eligibility for special services. Such documentation can be in the form of medical reports or psychological evaluations, and must specify how learning is impacted including specific accommodations to assist in the learning process.

Please note, you are not considered fully registered with the office until you have been approved for accommodations. Records provided are kept strictly confidential, and information provided is shared only with permission provided by the student.

Students seeking accommodation for a documented disability should contact Disability Support Services at 301-387-3749, e-mail ADA504@garrettcollege.edu.