

Alaska Vocational Technical Center

Short Course Training Application

A \$25 non-refundable application fee is required for all applications.

Phone: 1 (800) 478-5389 FAX: 1 (907) 224-4400



Personal Information (Please Print Clearly)			
Last Name _____	First Name _____	M.I. _____	Social Security Number (required) _____
Mailing Address _____	City _____	State _____	Zip Code _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Home Phone Number _____	Cell Phone Number _____	E-mail Address _____
Financial Responsibility	Training Choices		
<input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Other <u>EMPLOYMENT INFORMATION:</u> Occupation _____ Company _____ Company Address _____ City _____ State _____ Zip Code _____ (_____) _____ (_____) _____ Company Phone Number _____ Company FAX Number _____ Supervisor's Name _____	1.) _____ Enrollment Date: _____ 2.) _____ Enrollment Date: _____ 3.) _____ Enrollment Date: _____		
Housing			
Stay in Dorm? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, a room will be reserved for you. At the rate of \$36.75 per night (includes meals)			
Notify In Case of Emergency			
Name _____	Relationship _____	Home Phone (_____) _____	Cell Phone (_____) _____
Education	Heard About AVTEC?	Ethnicity <small>statistical information is voluntary</small>	
High School Graduate? _____ GED Diploma? _____ Highest Grade? _____ Previous AVTEC Student? _____ How many years of college or technical training completed? _____	<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friends/Family <input type="checkbox"/> Toured AVTEC <input type="checkbox"/> Radio or TV Ad <input type="checkbox"/> H. S. Counselor/Teacher <input type="checkbox"/> Direct-Mail Flyer <input type="checkbox"/> Met AVTEC Rep at Job Fair <input type="checkbox"/> Agency Referral <input type="checkbox"/> Alumni Referral <input type="checkbox"/> Public Transportation <input type="checkbox"/> Movie Ad Other _____	<input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Race and Ethnicity Unknown <input type="checkbox"/> Hispanic of Any Race If non-Hispanic, complete below <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races	
Signature:			
Signature _____		Date _____	