



BUCKEYE CAREER CENTER ADULT EDUCATION APPLICATION FOR FULL-TIME PROGRAM ADMISSION



Attach a \$50 non-refundable Application Fee with this application

(PLEASE PRINT)

Social Security Number _____ - _____ - _____

(Last Name) (First Name) (Initial) (Maiden Name)

(Street Address/P.O. Box) (Apt. #) (City) (State) (Zip Code)

(Date of Birth) (Home Phone) (Alternate Phone)

(Email Address*) **If you do not have one, please use the free resources through google, yahoo, msn, etc.*

Gender: Male or Female Marital Status: Single Married Separated Divorced Widowed

Source of Income (Job, Parent(s), Spouse, etc): _____

I plan to enroll in the _____ program for the 2020-2021 year.
(Cosmetology, Dental Assisting, HVAC-R, Heavy Equipment/CDL A Operator, Medical Assisting, Medical Office & Billing Specialist, Law Enforcement Training Academy, Utility Lineworker, Welding Technology)

High School Graduation Year _____ OR date you received your GED _____

List the name and address of the school from which you received your diploma/GED:

(Name) (Address)

List any school(s) that you have attended since high school:

School Name	Address	Area of Study/ Degree	Financial Aid?

How do you plan to pay for your tuition and book fees? _____

Have you ever been convicted of a crime? No _____ If yes, please explain: _____

Highest school your father completed: Jr. High High School College Unknown

Highest school your mother completed: Jr. High High School College Unknown

PLEASE COMPLETE BOTH SIDES OF THIS FORM

How did you hear about Buckeye Career Center (*circle all that apply*)

Newspaper Ad	Friend	BVR
Radio Ad	Co-Worker	WIA
BCC Brochure	Relative	TAA

Other (please specify): _____

STUDENT CERTIFICATION: (*please read & INITIAL EACH line*)

_____ I certify the information given on this application is accurate to the best of my knowledge.

_____ I understand that all tuition & fees are due at the beginning of the program. If I am receiving financial aid, funds will come directly to the school to be applied to my account. Credit balances will result in a refund. If I am utilizing a payment plan, I will make the payments as arranged in the Enrollment Agreement.

_____ I agree to follow all Buckeye Career Center policies and procedures as stated in the student handbook.

_____ I understand that I must maintain satisfactory progress in my chosen training program (minimum of 90% cumulative attendance and 2.0 cumulative grade point average might be superseded by individual program requirements).

_____ I understand that should I withdraw (or be dismissed from) a training program, I will be responsible for all tuition & fees based upon Buckeye Career Center's refund policy. (Policy located in student handbook)

_____ I understand that failure to maintain satisfactory academic progress will result in probation or dismissal from my training program and loss of financial aid. Anytime financial aid is lost, it might increase the amount I must pay.

_____ I realize Buckeye Career Center is required to share my educational progress information with any agency which may be providing financial assistance. I authorize the sharing of my educational progress information.

_____ I authorize Buckeye Career Center to share my educational progress information with prospective employers.

_____ I will share any sources of financial aid with the Financial Aid Administrator within 10 days of notification.

I do hereby attest that the information provided above are true statements and realize that any false information is grounds for immediate dismissal.

(Signature)

(Date)

Buckeye Career Center conforms to all federal, state, and local laws and regulations including Title IX and nondiscrimination against any student because of race, color, creed, sex, religion, citizenship, economic status, marital status, pregnancy, handicap disability, age or national origin. This policy of nondiscrimination shall also apply to otherwise qualified handicapped individuals.