

Short Course Training Application

Alaska Vocational Technical Center

**P.O. Box 889 • Seward, Alaska • 99664
(907) 224-4141 or 800-478-5389 Fax (907) 224-4143**

Personal Information			
Last Name _____		First Name _____	M.I. _____
Address _____		Social Security Number _____	
City _____		State _____	Zip Code _____
Date of birth _____	Month / Day / Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone Number _____	E-mail Address _____		
Ethnic Origin:		Education:	
<input type="checkbox"/> (1) Afro-American		Are you a high school graduate? _____	
<input type="checkbox"/> (2) Alaska Native/American Indian		If no, what is the highest grade you completed? _____	
<input type="checkbox"/> (3) Caucasian		Have you received a GED diploma? _____	
<input type="checkbox"/> (4) Hispanic		How many years of college or technical training? _____	
<input type="checkbox"/> (5) Asian-American/Pacific Islander			
This information is optional. It will be used for statistical purposes only.			
Housing		Training Choice	
Do you plan to live in the dormitory? _____ If marked "yes", dorm space will be reserved for you. Note: Meals in the cafeteria are available to all students.		Course Name _____ Number _____	
In Case of an Emergency		Enrollment Date _____	
Notify: _____ Name		Course Name _____ Number _____	
Address _____ City _____ State _____ Zip Code _____		Enrollment Date _____	
Relationship _____ Phone Number _____		Course Name _____ Number _____	
		Enrollment Date _____	
Financial			
Who will pay for your training costs? Self <input type="checkbox"/> Employer <input type="checkbox"/> Other <input type="checkbox"/> If other than self, please provide employer information.			
Your Job Title _____		Company Name _____	
		Address _____ City _____ State _____ Zip Code _____	
		Supervisors Name _____ Phone Number _____	
Signature		For Office Use Only	
Your Name _____ Date _____		Licensing Packet _____ EMT Book _____	