



Alaska Technical Center
 Application for Admission
 PO Box 51 ♦ Kotzebue, Alaska 99752 ♦ 907-442-3733
 907-442-2764 (Fax)

(1) Last name	First name	Middle name	(2) Social Security Number
(3) Permanent address	City	State	Zip code
(4) Home telephone #	Work telephone #	E-Mail Address	(5) Birthdate (mo/da/yr)
(6) Emergency contact	Address	Telephone	Relationship

(7) Fields of Interest (check the programs in which you would like to enroll)

Building Industrial Technology	Health Occupations	Office Occupations	Industrial Mine Maintenance	Computer Technology
<input type="checkbox"/> Construction trades	<input type="checkbox"/> Certified Nursing Assist.	<input type="checkbox"/> Admin. Assistant	<input type="checkbox"/> Millwright	<input type="checkbox"/> Computer
<input type="checkbox"/> Plumbing trades	<input type="checkbox"/> Personal Care Attendant	<input type="checkbox"/> Accounting Clerk	Maintenance	Applications
<input type="checkbox"/> Electrical trades	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Clerk/Receptionist	<input type="checkbox"/> Millwright	<input type="checkbox"/> PC/Network
<input type="checkbox"/> Heating systems	<input type="checkbox"/> Anatomy/Physiology		Operations	Hardware
<input type="checkbox"/> Other _____				
*ATC also offers adult basic education and GED training.				

(8) Enrollment date	(9) Housing	(10) Financial assistance
<input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> Other	<input type="checkbox"/> will arrange own housing <input type="checkbox"/> request to live in dorm <input type="checkbox"/> not applicable	<i>How do you plan to pay for tuition, fees, books, tools, meals, room and board?</i> <input type="checkbox"/> self pay <input type="checkbox"/> VA educational benefit <input type="checkbox"/> applied for funding from _____ <input type="checkbox"/> applied for funding from _____ <input type="checkbox"/> applied for funding from _____ <input type="checkbox"/> applied for Alaska Student Loan

(11) Military service	(12) Health information	(13) Conviction record
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	Dates of service _____ to _____ Type of discharge: _____ Job skills learned: _____ _____ _____	Do you have a health problem i.e. poor eyesight, hearing, etc? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have a condition that requires daily medication? <input type="checkbox"/> yes <input type="checkbox"/> no Explain: _____
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	Do you have a health problem i.e. poor eyesight, hearing, etc? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have a condition that requires daily medication? <input type="checkbox"/> yes <input type="checkbox"/> no Explain: _____	NOTE: a conviction is not absolute grounds for disqualification Have you been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no Are you on probation or parole? <input type="checkbox"/> yes <input type="checkbox"/> no Explain: _____

<p>(14) Driver's License</p> <p>Do you have a valid Alaska Driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>license # _____</p>	<p>(15) High School</p> <p>High School graduation date: _____ or GED date: _____ or highest grade completed: __</p>	<p>(16) Education/Training</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Institution: Address: Dates: _____ to _____ Type of training:</p> </td> <td style="width:50%;"> <p>Institution: Address: Dates: _____ to _____ Type of training:</p> </td> </tr> <tr> <td> <p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p> </td> <td> <p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p> </td> </tr> </table>		<p>Institution: Address: Dates: _____ to _____ Type of training:</p>	<p>Institution: Address: Dates: _____ to _____ Type of training:</p>	<p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p>	<p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p>
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<p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p>	<p>Did you receive a . . . <input type="checkbox"/> degree <input type="checkbox"/> certificate</p>						

(17) Employment History (list your jobs starting with the most recent position)			
Company Name	Address	Position	Start and end dates

(18) Optional Information	Ethnic background	Marital status	Gender
	<input type="checkbox"/> Alaska Native _____ (corporation) <input type="checkbox"/> American Indian _____ (tribe) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> single <input type="checkbox"/> married	<input type="checkbox"/> female <input type="checkbox"/> male

(19) To the best of my knowledge, the information provided is correct.

Signature: _____ Date: _____

(20) I am interested in earning college credits at the University of Alaska, Fairbanks for my coursework at the Alaska Technical Center. yes no

Application checklist	When you arrive at ATC:
<p>Submit the following with this application:</p> <input type="checkbox"/> Transcripts from any school attended within the last five years <input type="checkbox"/> Two letters of recommendation from: teacher, minister, community member, or former employer	<ol style="list-style-type: none"> 1. Interview with Recruiter/Administrator 2. Interview with instructor 3. TB test/physical, if applicable 4. Basic skills testing 5. Interest/aptitude testing

Notice of Non-discrimination

The Alaska Technical Center does not discriminate in employment, admissions, access to or treatment in its programs, activities and/or services on the basis of race, color, age, sex, national origin, religion, veteran status, handicap or otherwise, as proscribed by applicable state and federal laws and regulations, including Title IX of the Education Amendment of 1972 and Section 504 of the Rehab. Act of 1973 and E.O. 11246 as amended.