



## APPLICATION FOR ADMISSION

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security Number (required) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  
 Home Phone \_\_\_\_\_ Cell or Message Phone (circle one) \_\_\_\_\_ Email Address \_\_\_\_\_

### TRAINING CHOICE (Please check the box next to the program that you are interested in)

<b>BUSINESS TECHNOLOGY</b>	<b>CONSTRUCTION TRADES TECHNOLOGY</b>	<b>CULINARY ARTS</b>	<b>HEALTH OCCUPATIONS</b>	<b>PROCESS TECHNOLOGY</b>	<b>MILLWRIGHT MAINTENANCE</b>
<input type="checkbox"/> Accounting Technician <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Microsoft Office Specialist Master	<input type="checkbox"/> NCCER Core Curriculum <input type="checkbox"/> NCCER Carpentry	<input type="checkbox"/> <u>Level I</u> <input type="checkbox"/> <u>Level II</u>	<input type="checkbox"/> Certified Nurse's Aide (CNA) <input type="checkbox"/> Personal Care Attendant (PCA) <input type="checkbox"/> Introduction to Health Careers <input type="checkbox"/> Professional Skills in the Workplace <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Health Occupations Full-time <i>(includes all of the above courses)</i>	<input type="checkbox"/> NCCER Core Curriculum <input type="checkbox"/> Process Technology (2-semester program)	<input type="checkbox"/> NCCER Core Curriculum <input type="checkbox"/> NCCER Millwright

I am interested in earning college credits at the University of Alaska Fairbanks for my coursework at ATC.  Yes  No

### EDUCATIONAL BACKGROUND

High School Diploma?  No  Yes \_\_\_\_\_  
 Graduation Year \_\_\_\_\_ Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 GED Diploma?  No  Yes \_\_\_\_\_  
 Year of Diploma \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_  
 Attended College  No  Yes \_\_\_\_\_ Vocational Training?  No  Yes \_\_\_\_\_  
 Years/Credits Earned \_\_\_\_\_ Months/Years Attended \_\_\_\_\_

### FINANCIAL INFORMATION – FINANCIAL AID MUST BE SECURED PRIOR TO ARRIVAL FOR TRAINING.

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for financial aid to help fund your training. Please mark which agencies you intend to apply with:

- Alaska Performance Scholarship
- Alaska Student Loan
- Veteran's Benefits
- Personal Funds
- Scholarships

I have applied for the following scholarships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ENROLLMENT DATE

Please check which date you would like to begin enrollment:

September (Fall Term)  
 January (Winter Term)  
 Other \_\_\_\_\_

### HOUSING Please make a selection from the drop down options below

Will arrange my own housing  
 Request to live in the dormitory  
 (Must be 18 years or older to be eligible for housing)  
 Not applicable

BACKGROUND DATA		
Have you ever been convicted of a felony? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently incarcerated, on probation or parole, or have been within the past six (6) months? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been court ordered to complete an assessment or treatment program? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

MILITARY SERVICE	
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy	Dates of Service: _____ to _____  Type of Discharge: _____  Job skills learned: _____

HEALTH INFORMATION
Do you have any health problems, i.e. poor eyesight, hearing, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you have a condition that requires daily medication? <input type="checkbox"/> No <input type="checkbox"/> Yes _____

OPTIONAL INFORMATION


ETHNIC BACKGROUND
<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 _____

MARITAL STATUS
<input type="checkbox"/> Married <input type="checkbox"/> Single

HOW DID YOU HEAR ABOUT ATC?
<input type="checkbox"/> Agency Referral <input type="checkbox"/> Alumni Referral <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internet <input type="checkbox"/> Met ATC Rep at Career Fair <input type="checkbox"/> Public Service Announcement on Radio <input type="checkbox"/> Other _____

SPECIAL ACCOMODATIONS
Do you require any special accommodations? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>
If yes, please list: _____

EMERGENCY NOTIFICATION
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (_____) _____ Cell or Message: (_____) _____ Work (_____) _____

SIGNATURE
To the best of my knowledge, the information provided is correct. If applicant provides false information his/her acceptance will be cancelled. Failure to pay by due dates may result in cancellation for training or dismissal. By submitting this application, I agree that I am solely responsible for any debt I have incurred with ATC.

<u>Application Check List:</u> <input type="checkbox"/> Completed Application for Admission <input type="checkbox"/> High School or GED Transcripts <input type="checkbox"/> Two (2) Letters of Recommendation <input type="checkbox"/> Signed Consent to Release Education Records/Media Release Form <input type="checkbox"/> Résumé
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_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Parent Name (students under 18 yrs)	Parent Signature	Date

NOTICE OF NON-DISCRIMINATION
The Alaska Technical Center does not discriminate in employment, admissions, access to or treatment in its program, 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 Rehabilitation Act of 1973 and E.O. 11246 as amended.



## DORMITORY RESIDENCE APPLICATION

*Application must be submitted to be considered for a Dorm Room.  
Providing this application does not guarantee a room is available but is to be filed with ATC to be considered.*

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(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or Message Phone \_\_\_\_\_

### TRAINING PROGRAM ENROLLED IN

**ATC Dormitory is a Non-Smoking Facility**

### EMERGENCY NOTIFICATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Physical Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell or Message: (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

### DORMITORY ROOMMATE REQUEST (Request cannot be guaranteed and will be considered when making room assignments)

### SPECIAL ACCOMODATIONS & ALLERGIES

Do you require any special accommodations needed at the dorm?  No  Yes

If yes, please list: \_\_\_\_\_

Do you have any allergies that the dormitory staff needs to be aware of? (for example: a brand of laundry detergent, foods, etc.)  No  Yes

### SIGNATURE (you must be 18 years of age for acceptance into the dormitory)

I am 18 years of age or older and to the best of my knowledge, the information I have provided is true and correct.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### ALASKA TECHNICAL CENTER

*"A Vocational/Technical School for Alaskans"*

PO Box 51; Kotzebue, AK 99752 ♦ Phone: (907) 442-1500 ♦ Fax: (907) 442-2764 ♦ [nwarctic.org/atc](http://nwarctic.org/atc)

## CONSENT TO RELEASE EDUCATION RECORDS

I hereby consent to the reciprocal release by and to the Alaska Technical Center of the education records of

\_\_\_\_\_, whose date of birth is \_\_\_\_\_.  
(Student's Name)

Release is authorized to ATC to and from the following individual, agency or organization(s):

Funding Agencies       Family Member: \_\_\_\_\_ (Name/Relationship)       Other: \_\_\_\_\_ (Please Specify)

The education records to be release are those checked below:

<input type="checkbox"/> All Records	<input type="checkbox"/> Name, Address & Program of Study
<input type="checkbox"/> Progress Reports	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Psychological or counseling records	<input type="checkbox"/> ATC Disciplinary records
<input type="checkbox"/> Others as described: _____	

I understand that by consenting to the release of the above-specified education records, the party to whom those records will be released is not to permit any other party to have access to those records without my written consent, unless required by law. I further understand that it is my right to have a copy of the records to be released. I have also been made aware that I can at any time request copies of my records for my purposes.

I do \_\_\_ do not \_\_\_ request a copy of such records.

Signature (or Parent/Guardian's Signature if under 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE

I, \_\_\_\_\_, grant the **Alaska Technical Center** the right to use my likeness, comments, or personal story or all in media presentations. My likeness, comments, or personal story may be reproduced and publicly distributed in any and all media, such as in photographs, videos, and websites including, social media, advertisements, newspapers, and magazine articles, for public information, marketing, or policy discussions.

My release of these images, personal story and/or commentary is absent any/all further or additional conditions. I release the Alaska Technical Center from any claim(s) for compensation associated with the use of this content.

Signature (or Parent/Guardian's Signature if under 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# LETTER OF RECOMMENDATION

To Whom It May Concern:

This letter is a recommendation for \_\_\_\_\_ in support of their goal of furthering their education while training at the Alaska Technical Center for valuable skills in which to use towards employment opportunities.

I first knew the candidate: \_\_\_\_\_

I believe the candidate can learn the skills in the training program applied for at the Alaska Technical Center because:

How would you rank the applicant in the following areas?

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>MARGINAL</b>	<b>POOR</b>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other comments: (Please use a separate sheet if necessary.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**Phone contact**

\_\_\_\_\_  
**ADDRESS**

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Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other comments: (Please use a separate sheet if necessary.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**Phone contact**

\_\_\_\_\_  
**ADDRESS**