



SHORT COURSE APPLICATION

Welcome to the Alaska Technical Center! Please complete this short course application . We request this information to document activities whenever our facility is used. This helps ATC fulfil our reporting requirements for funding agencies. All personal information is kept confidential and will not be used for any other purpose. Thank you for your cooperation.

TRAINING INFORMATION
COURSE SPONSOR: _____
COURSE : _____
DATES: _____
INSTRUCTOR(S): _____

PERSONAL INFORMATION
Last Name _____ First Name _____ M.I. _____ Social Security Number (required) _____
Mailing Address _____ City _____ State _____ Zip Code _____ Date of Birth (required) ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
(____) _____ - _____ (____) _____ - _____ Email Address _____
Home Phone _____ Cell or Message Phone _____

	ETHNIC BACKGROUND	INDIVIDUAL STATUS	TYPE OF ENROLLMENT	HOUSING
Please Check all that Apply 	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Alaskan Resident <input type="checkbox"/> Veteran <input type="checkbox"/> Individual w/ a Disability	<input type="checkbox"/> High School Student - Current Grade <input type="checkbox"/> Military Credit for Experience <input type="checkbox"/> Other _____ <input type="checkbox"/> Redi Star - High School	<input type="checkbox"/> Request Dorm (must be 18 & over) complete dorm app
	FUNDING			
				<input type="checkbox"/> SCHOLARSHIPS <input type="checkbox"/> EMPLOYER FUNDS <input type="checkbox"/> OTHER FUNDS

SIGNATURE
To the best of my knowledge, the information provided is correct.
_____ Printed Name Signature Date

EMERGENCY CONTACT INFORMATION
Name: _____ Relationship _____ City _____, State _____
Contact number(s): _____

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.

ALASKA TECHNICAL CENTER

“A Vocational & Technical School for Alaskans”



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.*

PERSONAL INFORMATION					
Last Name		First Name		M.I.	
Mailing Address		City	State	Zip Code	Date of Birth
() -		() -			
Home Phone		Cell or Message Phone			

TRAINING PROGRAM ENROLLED IN

ATC Dormitory is a Non-Smoking Facility
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EMERGENCY NOTIFICATION	
Name: _____	Relationship: _____
Physical Address : _____	City: _____ State: ___ Zip Code: _____
Home Phone: () _____	Cell or Message: () _____ Work () _____

DORMITORY ROOMMATE REQUEST <small>(Request cannot be guaranteed and will be considered when making room assignments)</small>

SPECIAL ACCOMODATIONS & ALLERGIES	
Do you require any special accommodations needed at the dorm?	<input type="checkbox"/> No <input type="checkbox"/> 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.)	<input type="checkbox"/> No <input type="checkbox"/> 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

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?

	EXCELLENT	GOOD	FAIR	MARGINAL	POOR
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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	EXCELLENT	GOOD	FAIR	MARGINAL	POOR
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