 **2021-22 APPRENTICESHIP ENROLLMENT APPLICATION**

App#\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Kentuckiana & Southeast Councils** | | | | | | | | | | | | | | | | | |
| **ELECTRICAL APPRENTICE INFORMATION** | | | | | | | | | | | | | | | | | |
| **LEGAL NAME** *(please print)***:** | | | | | | | | | | | | | | | | | |
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| **CURRENT ADDRESS:** | | | | | | | | | | | | | | | | | |
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| **CITY:** | | | | | | | **STATE:** | | | | | | | | **ZIP CODE:** | | |
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| **HOME PHONE:** | | | | | **CELL PHONE:** | | | | | | | | | **EMAIL:** | | | |
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| **DATE OF BIRTH:** | | | | | | **SSN:** | | | | | | | **DL:** | | | | |
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| **GENDER:** (Circle One) Male / Female | | **ETHNICITY:** Black, Hispanic/Latino, Asian, Am. Indian, White, Other | | | | | | | | | | | | | | **VETERAN**: Yes No | |
| **EDUCATION** (Circle highest level of education) | | | | | | | | | | | | | | | | | |
| **Last school year completed:** 9, 10, 11  (must have GED or equivalent by start of level 2) | | | | | | | | | **GED or H.S. Diploma** (provide copy w/enrollment form) | | | | | | | | |
| **Some College/College Grad** (provide transcripts) | | | | | | | | | **Trade School/Military School Training** (provide transcripts) | | | | | | | | |
| **SITE TRAINING INFORMATION** | | | | | | | | | | | | | | | | | |
| **TRADE NAME:**  **ELECTRICAL** | **LEVEL:** (Circle One)  **1 2 3 4** | | | | | | | **TRAINING FACILITIES: (circle the site you intend to attend)**  Lexington Louisville Prosser CEC | | | | | | | | | |
| **EMPLOYER INFORMATION** | | | | | | | | | | | | | | | | | |
| **COMPANY/EMPLOYER:** | | | | | | | | | | | | | | | | | |
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| **ADDRESS:** | | | | | | | | | | | | | | | | | |
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| **CITY:** | | | | | | | | | | **STATE:** | | | | | **ZIP CODE:** | | |
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| **PHONE:** | | | | | **FAX:** | | | | | | | **EMAIL:** | | | | | |
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| **HIRE DATE:** | | | **RESPONSIBLE PARTY FOR TUITION:** | | | | | | | | | | | | | | |
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| **COMPANY CONTACT:** | | | | | | | | | | | **EMAIL:** | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | | | | | | | | | | | |
| **LEGAL NAME: RELATIONSHIP** | | | | | | | | | | | | | | | | | |
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| **ADDRESS:** | | | | | | | | | | | | | | | | | |
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| **CITY:** | | | | | | | **STATE:** | | | | | | | | **ZIP CODE:** | | |
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| **HOME PHONE:** | | | | | **CELL PHONE:** | | | | | | | | | **EMAIL:** | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | |
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| **Corporate Offices Indianapolis**  5001 N. Shadeland Avenue  Indianapolis, IN 46226  Phone: 317-596-4950  Fax: 317-596-4957 | | | | **Louisville Training Center**  1810 Taylor Avenue Louisville, KY 40213  Phone: 502-456-5200 | | | | | | | **Lexington Training Center**  157 Venture Court, Suite 1  Lexington, KY 40511  Phone: 859-231-8453 | | | | | | **Prosser Career Education Center**  4202 Charlestown Road  New Albany, IN 47150  Phone: 812-542-8508  Extension 6643 |
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| **For Enrollment, Payment, Data and Records please contact:**  **Holly Baker, Assistant to the Director of Training**  **E Mail:** [**holly@abcindianakentucky.org**](mailto:holly@abcindianakentucky.org)  **Phone: 270-843-1866**  **ABC INDIANA/KENTUCKY APPRENTICESHIP ADMINISTRATIVE DEPARTMENT**  1333-A Magnolia Street  Bowling Green, KY 42104  **MAIL APPLICATIONS TO THE ADDRESS ABOVE** | | | | | | | | | | | **For Class Schedule and Curricular information please contact:**  **Mike Bauerla, Director of Training**  **E Mail:** [**mike@abcindianakentucky.org**](mailto:mike@abcindianakentucky.org)  **Phone: 502-456-5200 for Louisville**  **Phone: 812-542-8508 Ext. 6643 for Indiana** | | | | | | |

***ALL FORMS INCLUDED IN ENROLLMENT PACKET MUST BE COMPLETED FOR NEW AND RETURNING APPRENTICES BEFORE CLASSES START!***

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| **TUITION SCHEDULE** | |
| **LEVELS 1 thru 4** | |
| **Semester 1 – Tuition & Fees $1250.00**  Includes: Tuition and Lab Materials | **Semester 2 – Tuition & Fees $ 1250.00**  Includes: Tuition and Lab Materials |
| **ment** | |
| **TOTALS** | |
| **PER SCHOOL YEAR TOTAL: $ 2500.00**  ***Non-Member additional fee: $ 350.00.***  ***Payment is due prior to first class session.***  ***Payment can be paid in full at the beginning of the school year or per semester.***  ***Late payment can result in the student being held out of class sessions until payment has been made.*** | **All lab materials, books, technology fees, multi-media-based learning, and certification fees are included.**  **Licensing Exam cost are not included.** |
| **APPLICANT SIGNATURE** | |
| **Applicant Name** *(Print Legibly)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Apprentices receive a T-shirt each school year.**  **Circle shirt size: SM MD LG XL 2XL 3XL 4XL**  **Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| **PAYMENT METHOD** | |
| **PAYMENT BY DEBIT/CREDIT CARD** | |
| **Credit Card Number:** | **Name on Card:** |
| **Type of Card** (Circle One)**: Visa Master Card Discover American Express** | |
| **Expiration Date:** | **CVC Number:** |
| I hereby authorize ABC of Indiana/Kentucky Trust to charge my credit card in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** (Must provide signature if using card to pay tuition)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PAYMENT BY CHECK/MONEY ORDER** | |
| **Check # \_\_\_\_\_\_\_\_\_\_\_\_ enclosed in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For payment of: Semester 1 \_\_\_\_\_\_\_ Semester 2 \_\_\_\_\_\_\_\_ Both Semesters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Payment must be received prior to the start of each semester.** | |

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| **REFUND POLICY** |
| **WITHDRAWALS/CANCELLATIONS**  **100% Tuition Refund:** Request must be made in writing 2 weeks prior to start of class.  **80% Tuition Refund:** Request must be made in writing prior to the 3rd scheduled class.  **NO REFUNDS WILL BE MADE AFTER THE 3RD SCHEDULED CLASS!** |