 **2021-22 APPRENTICESHIP ENROLLMENT APPLICATION**

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

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| **Kentuckiana & Southeast Councils** |
| **ELECTRICAL APPRENTICE INFORMATION**  |
| **LEGAL NAME** *(please print)***:** |
|  |
| **CURRENT ADDRESS:** |
|  |
| **CITY:** | **STATE:** | **ZIP CODE:** |
|  |
| **HOME PHONE:** | **CELL PHONE:** | **EMAIL:** |
|  |
| **DATE OF BIRTH:** | **SSN:** | **DL:** |
|  |
| **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:**  |
|  |
| **ADDRESS:** |
|  |
| **CITY:** | **STATE:** | **ZIP CODE:** |
|  |
| **PHONE:** | **FAX:** | **EMAIL:** |
|  |
| **HIRE DATE:** | **RESPONSIBLE PARTY FOR TUITION:**  |
|  |
| **COMPANY CONTACT:** | **EMAIL:** |
| **EMERGENCY CONTACT** |
| **LEGAL NAME: RELATIONSHIP**  |
|  |
| **ADDRESS:**  |
|  |
| **CITY:** | **STATE:** | **ZIP CODE:** |
|  |
| **HOME PHONE:** | **CELL PHONE:** | **EMAIL:** |
| **CONTACT INFORMATION** |
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| **Corporate Offices Indianapolis**5001 N. Shadeland AvenueIndianapolis, IN 46226Phone: 317-596-4950Fax: 317-596-4957 | **Louisville Training Center**1810 Taylor AvenueLouisville, KY 40213Phone: 502-456-5200 | **Lexington Training Center**157 Venture Court, Suite 1Lexington, KY 40511Phone: 859-231-8453 | **Prosser Career Education Center**4202 Charlestown RoadNew Albany, IN 47150Phone: 812-542-8508Extension 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****Phone: 270-843-1866****ABC INDIANA/KENTUCKY APPRENTICESHIP ADMINISTRATIVE DEPARTMENT**1333-A Magnolia StreetBowling 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****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!** |