

FAST TRACK TRAINING FOR LONG TERM EMPLOYABILITY

APPLICATION FOR ADMISSIONS

Admission Requirements and Procedures

1. Please initial the check lists on page 2 and complete all sections on pages 3 and 4 and review with an Admissions Specialist.
2. Enrollment Advisor Initials & Date must complete each checklist step prior to application submission.
3. Admission decisions will be made by the Advisor based on the applicant's fulfillment of the requirements.
4. It is the responsibility of the applicant to ensure that information is accurate and that the Enrollment Advisor receives all required supporting documents.
5. All records received become the property of EVIT Adult Education.
6. Health & Cosmetology Programs will require additional documentation at time of enrollment.
7. The Enrollment Advisor will provide the Applicant with a Program Spec. Sheet indicating required supporting documents and additional information such as program tuition, fees & hours etc.
8. Health Programs require a supplemental pre-enrollment advisement session with a Program Coordinator.
9. Disclosure of Social Security number is voluntary (ARS §15-1823). However, students must use social security numbers for reporting information pertaining to potential educational tax credits and for processing Federal Financial Aid applications and Veteran Administration benefits.

Contact Information for Assistance:

Adult Ed Registrar/Admissions Specialist

Main Campus: 480-461-4110 rdominguez@evit.com

General Advisement, Admissions Office Management & Student Records

Advisement Counselor

Main Campus: 480-461-4013 cotts@evit.com

Enrollment Advisement, FAFSA, Grants & Scholarships, Notary Services

Financial Aid Advisor

Main Campus: 480-461-4025 dmiller@evit.com

Financial Services, VA Benefits, FAFSA, Grants & Scholarships

Admissions Student Initials
Initials _____

1. Registration Packet Check List:

- _____ Complete Checklist on page 2 and the Student Information Form on pages 3 & 4
- _____ Provide High School Diploma or GED (HS transcripts required for all medical programs)
- _____ Provide College-University or Military Transcripts if Applicable
- _____ Provide Driver's License or State Photo ID
- _____ Provide Social Security Card/Waiver
- _____ Felony Reporting Form (notarized for medical programs only)
- _____ Finger Print Clearance Card (not required for all programs)

2. Admissions Guidance Check List:

- _____ Meet with Enrollment Advisor for Registration Packet Review
- _____ Meet w/ Enrollment Advisor, Select Program of Study & Catalog Review
*Some Medical Programs Require Additional Documents & Specialized Advisement Session w/
Health Sciences Program Coordinator. Appt. Date: _____
- _____ Review Program Spec. Sheet Including Hours, Tuition & Fees
- _____ Meet with Financial Aid Advisor for Programs that accept PELL Grant

3. Final Approval & Enrollment Check List:

- _____ Meet with Financial Manager to Secure Funding for Total Tuition
- _____ Complete & Sign All Payment Plan & Financial Aid Documents
- _____ Student Information Release Authorization Form (FERPA) if Applicable
- _____ Sign for Electronic Copy of Student Handbook

Student Information Form

Name: _____
Last First Middle Initial

_____ Social Security Number Date of Birth (MM/DD/YYYY) Gender (M/F)

_____ Cell Phone Number Home Phone Number Email Address

_____ Street Address City State Zip

Returning Student to EVIT? Yes or No EVIT Student ID#: _____

Adult Ed. Program(s) of Interest: _____

How did you hear about EVIT? Please circle the one that applies

High School Friend/Referral EVIT Website Facebook Instagram SnapChat Internet Twitter

Education Status

____ High School Diploma.....Graduation Date (MM/YYYY): _____ State: _____
____ GED Certificate.....Completion Date (MM/YYYY): _____ State: _____
____ No Diploma or GED (Under Age 18) or ____ No Diploma or GED (Age 18 & Over)
____ Associates Degree ____ Bachelor's Degree ____ Master's Degree or Higher ____ Some College or University (No Degree)
____ No College or University ____ Technical Training School Name: _____ Certificate: _____

First Generation College Student

You are a first Generation College student if both parents/guardians or single parent/guardian did not complete a Bachelor's Degree. Does this apply? **Yes** or **No**

Race/Ethnicity

Voluntary Information used to comply with Federal Reporting & has no effect on admission to **evit Adult Ed.
This information will not be used for any discriminatory purpose.

____ Hispanic of any race & (or) One or more of the five racial groups (check all that apply)
____ White ____ Black or African American ____ Asian ____ American Indian/Alaska native ____ Native Hawaiian/Pacific Islander

Citizenship Status

____ United States Citizen
____ Legal Immigrant/Permanent Resident Alien Registration# _____ Date Issue: _____ Exp. Date: _____
____ Lawful Refugee Alien Registration # _____ Date Issue: _____ Exp. Date: _____
____ Legal Non-Immigrant: Specify VISA Status _____ I-94# _____ Date Issue: _____ Exp. Date: _____

Military

Yes or No Currently a member of the U.S. Armed Forces stationed in Arizona pursuant to Military orders?

Yes or No Currently a Dependent of a member of the U.S. Armed Forces stationed in AZ pursuant to Military orders? Yes or No
Veteran of the U.S. Armed Forces?

Yes or No Are you eligible for Benefits for any of the Above?

Criminal Record

Have you ever been convicted of a Felony? Yes or No

If Yes, please explain:

Transportation

Drive & park on campus – EVIT Parking Permit

Public Transportation

Funding Source(s) (Check all that apply)

Federal Financial Aid (Grants/Private Loans)

Agency Funding Name of Agency: _____ Contact Name: _____

Phone Number: _____ Email: _____

Veteran or Eligible Dependent Benefits

Cash/Payment Plan

Signature

I certify that the answers on this student information form are true, correct and complete. In addition, I understand that I am responsible for any expenses incurred at **evit** Adult Ed. in the event that I am unable to obtain enough financial resources to cover my educational costs.

FERPA Release: Do you give **evit** permission to release directory information relative to your enrollment (per the family education rights & privacy act of 1974)? Yes or No

Student Signature: _____ Date: _____

Enrollment Advisor Signature: _____ Date: _____

All information on this form is confidential and in compliance with the family education rights and privacy act of 1974 (FERPA), FERPA's provisions are explained in the **evit Adult Ed. Student Handbook. *Your Social Security number will not be used as your primary student identification number and will be kept confidential. Providing a SSN will ensure that your educational records are complete and correct and will allow the fullest services. Students should be aware that a correct SSN must be on file for reporting information pertaining to potential tax credits and must be used by applicants for federal aid, state aid, and veteran's administration benefits. ***evit** does not discriminate on the basis of race, color, gender, national origin, disability, religion or age in its programs, services or activities. Compliance: Title IX, Title VI, Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act of 1990, Drug-Free Workplace Act of 1988. For information regarding discrimination grievance or complaint procedures, contact Adult Ed. Director at 480-461-4018.*