



Enrollment Application

Full Name _____ Date of Application _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Phone _____ Date of Birth _____ Marital Status _____

Highest Level of Education _____

Name of Last Employer _____ Job Title _____

Dates of Last Employment _____ How Did You Hear of Us? _____

Scholarship Request

For those applying for full or partial scholarship funding, must provide all sources of income information with this application. All Information will be kept confidential. For scholarship eligibility, family income must be at or below 200% of the Federal Poverty Guidelines. Exceptions based on hardship may be made on a case-by-case basis.

Number of dependents (including yourself) claimed on your current taxes: _____

- Unemployment Insurance \$ _____ per month
- Social Security or SSDI \$ _____ per month
- Personal income from all sources (employment, investments) \$ _____ per month
- Retirement income \$ _____ per month
- Income from spouse or other sources \$ _____ per month

Tuition

Tuition is due 5 days prior to start of course. Cash, check (made payable to JVS Human Services) or credit card accepted. Students receiving full or partial scholarship will receive approval prior to the course start date and tuition fee will be adjusted accordingly. Failure to pay tuition by the due date will result in automatic withdrawal.

Refund

All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. No refunds will be granted after the first scheduled course meeting or more than three business days after signing a contract with the school, whichever is later. For extenuating circumstances, students will be given the opportunity to repeat or attend another class session of the same course on a space available basis. This policy shall adhere to the refund policies of applicable state, federal and accrediting agencies.

Your signature below indicates that the above information is true and you understand and agree to the terms of the application.

Student Signature

Date

David B. Hermelin ORT Resource Center | 29699 Southfield Road | Southfield, MI 48076
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