



# Application

## Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Int: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ APT. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Alternate Number : \_\_\_\_\_

Email address: \_\_\_\_\_ Is it ok to contact through social media? Yes No

## Demographic Information

Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_ - \_\_\_ - \_\_\_\_\_

Are you Hispanic or Latino? Yes No

Which best describes you?

American Indian/Alaska Native

Asian

White

Native Hawaiian/Pacific Islands

Black or African American

Are you a veteran? Yes No

## Education Information

What is your highest level of education completed?

High School Diploma or GED

Some college or V-ocational training

Associates Degree

Bachelors Degree

Masters Degree

High School: \_\_\_\_\_ College or University: \_\_\_\_\_

Vocational certificate or other training? Yes No Year? \_\_\_\_\_

If yes, name of program and credential? \_\_\_\_\_

\_\_\_\_\_



# Funding Eligibility

Are you currently enrolled with any Michigan Works Service Provider? Yes No

If yes, what provider? Program? (i.e. Action Management, MRS, etc.) \_\_\_\_\_

Name and contact # for Case Manager, Career Coach, Job Coach, etc? \_\_\_\_\_

Are you currently receiving unemployment benefits? Yes No

Do you receive any public benefits? (i.e. Cash Assistance, Food Stamps, Medicaid, SSI, etc.) Yes No

If yes, type of benefit? Cash Assistance Food Stamps Medicaid SSI Other: \_\_\_\_\_

Have you filled out a FAFSA application for the current academic year? Yes No Academic Year: \_\_\_\_\_

If veteran, do you have GI Bill funds available for training? Yes No

Do you have a disability? Yes No

Are you currently enrolled with The Disability Network? Yes No

What are your plans to pay for training? (Please check all that apply)

- Private Pay/Cash (payment plans available)     FAFSA/Pell Grant     Employer Reimbursement/Sponsorship
- Scholarship Funds     Grant Funding/Sponsorship     GI Bill Funds

## (For Office Use Only)

Training: \_\_\_\_\_ Cost: \_\_\_\_\_ Training dates: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Plan: \_\_\_\_\_

Security Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ # of Payments: \_\_\_\_\_ Payment amount: \_\_\_\_\_  
Due Date(s): \_\_\_\_\_

\*Training programs must be paid in full before the last day of training. Any and all certificates obtained with AMI Tech will be held until training balance has been paid off.

