

Indiana County Technology Center

Application for Admission



(724) 349-6700 Ext. 131 • www.ictc.edu • admissions@ictc.edu

Application Fee: \$40.00

* Required form fields

Applicant Information				
* Last Name:	* First:		Middle:	
Previous Name (if any):				
Social Security Number:			State of Permanent Residence:	
* Street Address:				Apartment/Unit #:
* City:	* State:	* ZIP:	County:	
* Primary Phone:	Cell Phone:			
* Email Address:				
What factors contributed to your decision to apply to the Indiana County Technology Center? (Check all that are applicable)				
Family/Friends	Current ICTC Student	ICTC Alumni	Career Fair	Advertisement
Guidance Counselor	Tour of Facility	Meeting with ICTC Rep	Word of Mouth	Other:

Program Selection & Eligibility				
*Program Selection:				Preferred Start Date:
*Applying As:	New Student	Returning Student	Transfer Student	
Have you previously applied for admission to the ICTC?	No	<input type="checkbox"/> Yes	If yes, what program?: _____	
Did you graduate from the ICTC as a secondary student?	No	Yes	If yes, what year did you graduate?: _____	

Education Information					
Type of Institution	Name and Location of School	Start Date	End Date	Graduated Y/N	Credentials Earned
* High School		__ / ____	__ / ____		
Second High School or Vocational-Technical School		__ / ____	__ / ____		
College or University		__ / ____	__ / ____		
		__ / ____	__ / ____		
Business or Trade School		__ / ____	__ / ____		
Other Specialized Training		__ / ____	__ / ____		

Employment Information				
Start Date	End Date	Employer Name	Title of Position	City and State

Please turn form over and complete both sides

Financial Information

Will you be requesting Financial Aid to cover your program costs? Yes No

In order to be considered for Federal Financial Aid, including grants and loans, you must complete the Free Application for Federal Student Aid (FAFSA) - Available at www.fafsa.ed.gov. **The ICTC's Federal Title IV Code is 023502.**

PLEASE NOTE: When completing your FAFSA in preparation to attend the ICTC, you should indicate that you are working on a certificate or diploma program of less than 2 years, and that your Grade Level is 1st year Undergraduate.

Will you receive benefits for educational costs from any of the following agencies?:

- | | |
|---|--|
| <input type="checkbox"/> Office of Vocational Rehabilitation (OVR) | <input type="checkbox"/> Veteran's Benefits (eligible programs only) |
| <input type="checkbox"/> Workforce Investment Act / CareerTrack (WIA) | <input type="checkbox"/> Scholarship: _____ |
| <input type="checkbox"/> Trade Adjustment Assistance (TAA) | <input type="checkbox"/> Other: _____ |

Please contact the ICTC Office of Financial Aid at (724) 349-6700 ext. 141 with questions regarding financial aid.

NOTICE

There may be program-specific requirements in addition to those outlined on this application. Any such requirements must be completed prior to your application being processed. ICTC staff will notify you of any additional requirements at the time the application is submitted.

Signature and Certification

I hereby authorize the ICTC or its agents to verify all statements contained in this application to the extent permitted by federal, state or local law. I release all parties from any liability arising out of this provision and the use of such information. I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application for admission to the ICTC may result in denial of my admission or, if enrolled, my immediate dismissal. I understand that this application is valid for one calendar year after the date paid, and that if I do not enroll within one year of completing this application, I will be required to submit a new application and supporting documents. **I also understand that this application will not be processed until I submit the non-refundable \$40.00 application fee using cash, debit/credit card, cashier's check, money order, or personal check.** I further understand that program-specific requirements, if applicable, must be completed before the ICTC will process my application.

*Signature of Applicant: _____

*Date: _____

The Indiana County Technology Center is an equal opportunity institution and will not discriminate on the basis of race, color, national origin, sex, handicap or age in its activities, programs or employment practices in accordance with federal and state statutes and regulations. For more information regarding civil rights, grievance procedures, services, activities, and facilities that are accessible to and usable by handicapped persons, contact the Principal, who is the ICTC Title IX and Section 504 Coordinator, at 441 Hamill Road, Indiana, PA 15701, by phone 724-349-6700 or by email to titleIXcoordinator@ictc.edu.

The ICTC is accredited for public postsecondary education under the authority of the Pennsylvania State Board for Vocational Education, under the Pennsylvania Department of Education located at 333 Market Street, Harrisburg, PA 17126, (717) 783-6860.

***Complete Required Form Fields**

Only paid applications classify a potential student as an applicant. Please remit payment of \$40 at your earliest convenience to Indiana County Technology Center.



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