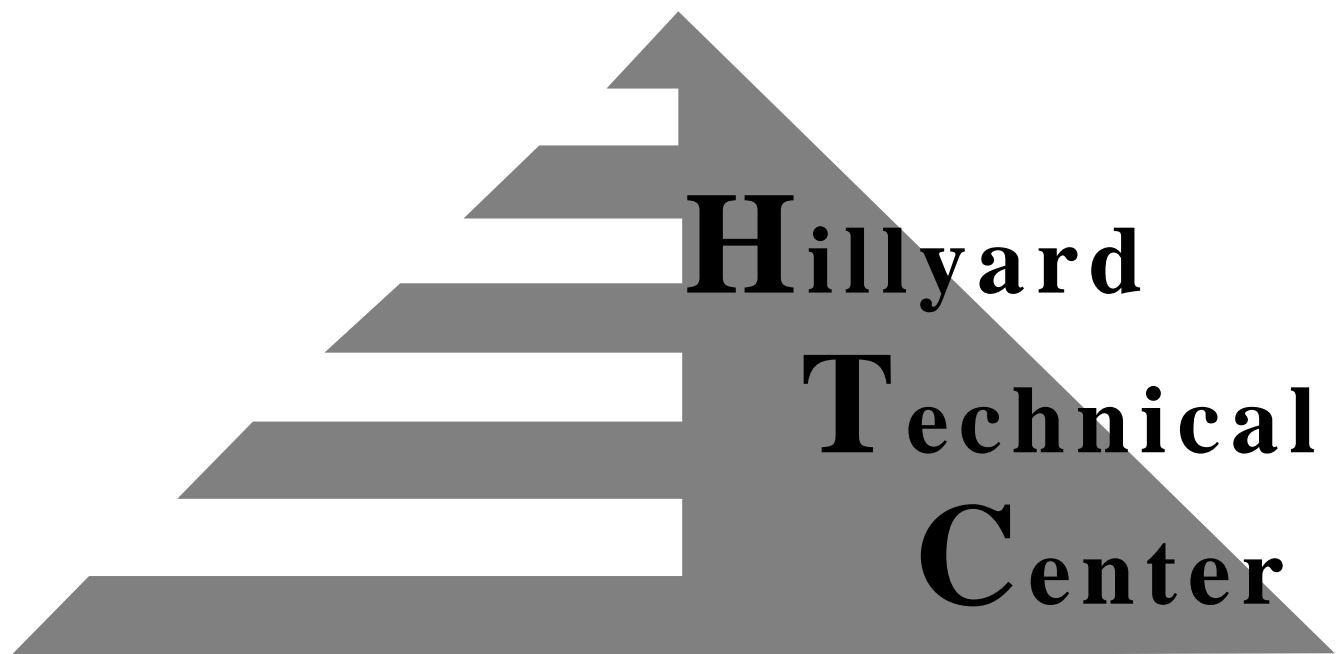


Hillyard Technical Center

Adult Program

Application Packet



3434 Faraon

St. Joseph, MO 64506

816.671.4170



TO: Applicants for HTC Adult Programs

**Hillyard Technical Center
3434 Faraon
St. Joseph, MO 64506**

FROM: Adult Program Coordinator

I am very pleased to hear of your interest in Hillyard Technical Center for your education/training needs. Enclosed is an information packet and application form.

A brief description of each component of the application process is provided. This information has been provided for the purpose of completing the application process correctly and expediently.

Please make sure you are aware of all application deadlines for the program for which you are applying.

THE APPLICATION PROCESS CONSISTS OF THE FOLLOWING COMPONENTS AND CRITERIA:

1. **Pre-requisites (if applicable):** Prior to the beginning of class the student must have completed all pre-requisites for the program for which they are applying. (Anatomy and Physiology is a pre-requisite to most of our medical programs. See individual program brochures for specifics.)
2. **Application form:** Please complete the form as instructed.
3. **Application/Assessment Fee:** \$50.00 non-refundable fee due when the application is turned in.
4. **Official High School Transcript and GED scores: Official transcript** – A copy of an official transcript from the high school which you last attended or graduated is required. This may be obtained by requesting your school to send the transcript to Hillyard Technical Center. The transcript must have the school seal and/or signature of a school official. It cannot be hand carried to HTC. **GED** – A copy of the GED scores and certificate must be obtained if applicable. This does not have to be an official copy and may be hand carried to HTC.
5. **Adult/Post-Secondary transcript:** If you have attended any educational institution(s) after high school, please request an official transcript be sent to HTC.
6. **Criminal Record Check:** Will be required upon acceptance into a program.
7. **Missouri Department of Social Services (if applicable):** The applicant's name will be submitted to ensure that they are not included on the employee disqualification list.
8. **Professional References:**
 - A. You should provide a reference form to three (3) **professional** individuals. The individuals must return the completed form to the HTC Adult Education Office as soon as possible. Inform them that you have a deadline to meet.
 - B. Professional references include past or present employers, supervisors, co-workers, school counselors, or someone who has worked with you closely in the past two to three (2-3) years. This could include volunteer work, service projects, Parent Teacher Organization, Boy Scouts, etc.
 - C. **Please do not list relatives, family physicians (unless work related), or friends.**
 - D. Your references must know you well enough to provide a character reference.
 - E. Please read the form and familiarize yourself with the aspects of your character on which the individual will be remarking.
 - F. Please complete the enclosed confidential release waiver and return with application.

9. **Pre-entrance assessments** will be administered at HTC. TABE is a standardized test given to all applicants. Please contact the school for the assessment schedule. Pre-registration is required.
10. **Selection:** Applications will be reviewed and selection made without consideration of age, marital status, sex, national origin, race, color, creed, disability, financial status, and/or religion to the extent required by law. Applicants whose records are complete and indicate the greatest potential for achievement will be selected.
11. **Physical Examination (if applicable):** Upon acceptance into one of our healthcare programs, a physical examination and drug screen form will be provided and must be completed prior to start of class. Incomplete forms will not be accepted and the student cannot attend school.
12. **Financial Aid:** After you have been accepted into the program, please contact our Financial Aid Officer at HTC for information on financial aid. Note: Students' must apply for all available grants and scholarships before a student loan will be considered. We currently only do need-based loans at freshman level.

This information packet has been prepared to help you complete the application process correctly. It is your individual responsibility to make sure all information required is complete.

Please remember that the application and required documentation (application, references, assessment, transcripts, etc.) must be completed and in the HTC Adult Education Office by deadline identified for each program area.

Program	Application Deadline
Auto Collision	June 30 th
Auto Technology	June 30 th
Computer Aided Drafting	June 30 th
Computer Service Technology	June 30 th
Construction Technology	June 30 th
Electronic Technology	June 30 th
Emergency Medical Tech/Fire Science	June 30 th
Medical Transcription-Coding	June 30 th
Practical Nursing	March 1 st
Precision Machining	June 30 th
Radiologic Technology	January 15 th
Refrigeration, Heating, & Cooling	June 30 th
Surgical Technology	March 30 th
Diagnostic Medical Sonography	January 15 th
Welding Technology	June 30 th

FINANCIAL ASSISTANCE

Federal Financial Aid, Scholarship, and Payment Options

Federal Financial Aid (Full Time Day Programs)

Pell Grant – Free Applications for Federal Student Aid (FAFSA)

Pell Grants are awards designed to help undergraduates pay for their education costs while at Hillyard Technical Center. The maximum Pell Grant award for the 2010-2011 school year is \$5530.00. While this will not usually cover all costs, it does serve as a foundation onto which other forms of financial aid can be joined. The Pell Grant application (FAFSA) must be filled out completely before any Federal Financial Aid can be awarded. Pell Grants do not have to be repaid. The amount of Pell Grant a student is eligible for is determined by factors such as financial need, family and student income, family size, and number of children attending college.

SEOG – Supplemental Educational Opportunity Grant

A Supplemental Education Opportunity Grant is for students with exceptional financial need. This grant, as the name suggests, is meant to supplement a student's education costs. As with the Pell Grant, the SEOG does not have to be repaid.

Federal Stafford Loan

A subsidized Federal Stafford Loan is a need-based, low-interest loan made to a student in his or her name certified by the school. The interest rate is variable, with a cap set by the U.S. government at 8.25%. Because this is a loan, it must be repaid. However, payments for the subsidized loan are deferred until six months from graduation or withdrawing from school. The federal government pays the interest while the student is in school. Unsubsidized Federal Stafford Loans are also available. They are not need based. However, the funding formula cannot exceed the Cost of Attendance. The student is responsible for the interest, while in school and during the six month grace period. HTC only certifies freshman level student loans.

Vocational Rehabilitation/TRA/WIA/UMOS/EOC

Interested student should contact their local state/federal agencies for more information.

Social Security and/or Veterans Benefits

Please call the local VA or Social Security Office for more information.

Scholarships

Hillyard Technical Center will honor outside scholarships, including A+. The business and Financial Aid Office will comply with all enrollment and certification requirements to help redeem scholarships awarded to a student from an outside source.

Hillyard Technical Center scholarships are private funds based on academic achievement, leadership activities, or financial need. There are scholarships available through HTC, foundations, and companies. Specific information on any HTC scholarships will be forwarded to students per eligibility and as they become available through Financial Aid Office.

Payment Options Information

There are three payment options available. They must be processed through the Financial Aid Office. These options are:

1. Cash, check, VISA, and MasterCard are accepted.
2. If a student is receiving financial aid that covers all expenses for the program, no payment is due. A signed contract with the Financial Aid Office is mandatory to validate acceptance into the program. Documentation from the funding agencies is required.
3. A student may elect to sign an installment payment plan in the Financial Aid Office. With this plan, one-half of all charges are due on or before the first day of school, with the balance due at the beginning of second semester or in equal monthly payments. All balances must be paid in full, as stated on individual signed contract. These dates are determined by the program in which the student is enrolled. **No one may graduate with an unpaid balance.**

If installments are not made on a timely basis, the student may lose their eligibility to attend. Past due accounts may be placed for collection. All collection and/or attorney fees may be added to the account. No grades, transcripts, certificates, or letter of recommendation will be provided if a balance is owed.

OUR CHECK POLICY

Your Personal Checks Are Welcome Here!

If your check is returned, it may be collected electronically and you will be assessed a minimum of \$25.00 (or the maximum amount allowed by law). Check writer is also responsible for all other collection costs.

Refund Policies

FULL TIME DAY PROGRAMS: The \$50.00 application/assessment fee and /\$500.00/\$100.00 deposits are not refundable.

If a student withdraws from the institution before the first day of classes, HTC must refund 100% of the tuition charges, less an administrative fee that does not exceed the lesser of \$100 or 5% of the tuition. Tuition will be refunded or charged as follows. A refund will be made when applicable for students who drop/withdraw on fees, books, supplies and tools the student did not receive.

1. Full refund before classes begin – less \$500/\$100 non-refundable deposit.
2. Withdrawing during the 1st week of classes makes the student eligible for a refund of 75% of the tuition or if not paid prior owes 25% of tuition.
3. Withdrawing during the 2nd week of classes makes the student eligible for a refund of 50% of the tuition or if not paid prior owes 50% of tuition.
4. Withdrawing during the 3rd week of classes makes the student eligible for a refund of 25% of the tuition or if not paid prior owes 75% of tuition.
5. Withdrawing during the 4th week or thereafter results in no refund or tuition is charged in full if not paid prior.



3434 Faraon Street
St. Joseph, MO 64506
Phone (816) 671-4170
Fax (816) 671-4479

CHECK OFF LIST FOR APPLICANTS

In order to be considered for the program, for which you have applied, your file must be complete on or before the designated deadline. If you have questions regarding this packet, please feel free to contact us.

An application consisting of **ALL** the following is considered complete:

- 1) **Complete the Adult Application Form**
It is your responsibility to see that all documentation has been received at the school to complete your file.
- 2) **Application/Assessment Fee Due When Turning in Application**
If these fees are to be covered by an agency, a letter must accompany your paperwork or be on file before documentation can be accepted.
- 3) **Schedule Your TABE Test**
The TABE test will be scheduled when application is accepted. An applicant is only allowed to reschedule one time so please make sure you double check your calendar. The TABE test must be completed by the application deadline.
- 4) **Official High School Transcript/GED Scores**
Transcripts are considered official when they come to HTC directly from the school with an official seal and signature or if they are hand delivered in a sealed envelope from the school with a signature across the back seal. An opened transcript cannot be accepted. If you have GED scores, you must provide an official high school transcript of the years you attended and a copy of your GED scores.
- 5) **Post Secondary Transcript(s) (MANDATORY)**
Official transcripts are required from ALL post- secondary institution(s) attended, even if you withdrew or did not complete the course work. The same rules apply as above for a transcript to be considered official.
- 6) **Three References**
Make sure you complete your name on the forms to allow references to release their information. Reference forms should come directly from the person completing the form. Hand delivered with a signature across the seal or by mail is acceptable.
- 7) **Double Check**
Please double check all the above items and their criteria. There is **NO EXCEPTION to receipt of documents after the designated deadline!**

**HILLYARD TECHNICAL CENTER
INFORMATIONAL FORM
Adult Program**

**Please circle the program that you are applying for:
Prioritize multiple choices**

<p>Auto Collision</p> <p>Computer Aided Drafting</p> <p>Construction Technology</p> <p>Electronic Technology</p> <p>Practical Nursing</p> <p>Radiologic Technology</p> <p>Surgical Technology</p> <p>Welding Technology</p>	<p>Auto Technology</p> <p>Computer Service Technology</p> <p>Emergency Medical Tech/Fire Science (Daytime/Evenings)</p> <p>Medical Transcription-Coding</p> <p>Precision Machining</p> <p>Refrigeration, Heating, & Cooling</p> <p>Diagnostic Medical Sonography <input type="checkbox"/> General/Vascular <input type="checkbox"/> Cardiac/Vascular</p>
---	---

Please complete the following form. We realize that you may not have an answer for all of the blanks. If you do not have a response, please write NA. Please use the back if you run out of space.

Date of Application _____ **Social Security Number** _____ - _____ - _____

Name _____
Last
First
Middle
Maiden

Address _____
Number and Street
Apt.#
City
State
Zip

Telephone _____ **Date Of Birth** _____
Home
Work
Hours Available

Email address _____

Person to contact in case of emergency _____ **Relationship** _____
Phone number _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Work Experience (start with your most recent employment)

Position	Employer	City, State	Dates (From-To)	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May we notify any or all of these employers for recommendations: Yes _____ No _____
If no, which ones?

EDUCATIONAL BACKGROUND (use an additional page if necessary)

High school: Name _____ Location _____ Diploma ____ GED ____ (# _____)

Dates Attended: _____ to _____

- *It is MANDATORY that you list EVERY post secondary institution that you have ever attended. It does not matter if you withdrew or did not complete the total course work, you must still list the school. Failure to do so could be considered falsifying records and a reason for non-acceptance or dismissal.*

College: Name _____ Location _____ Area of study _____

Dates Attended: _____ to _____ Degree: yes ____ no ____

Area of Study _____

Other certifications/training/licenses/

Name of institution: _____

Area of certifications/training _____

Dates of attendance _____

Credentials _____

ADDITIONAL INFORMATION

List existing skills you may have that may be relevant to the program choice for example: computer application, anatomy/physiology, medical terminology, health-related skills, CPR training, etc..

Why do you wish to enter this program and this field?

Professional References: Please include previous or current employers, co-workers, teachers, or mentors.

Name	Address	City, State, Zip
-------------	----------------	-------------------------

Name	Address	City, State, Zip
-------------	----------------	-------------------------

Name	Address	City, State, Zip
-------------	----------------	-------------------------

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at a decision for admission to this HTC program. I hereby release employers, school, or persons from all liability in responding to inquiries in connection with my application with the exception of

Signed _____ Date _____

“Hillyard Technical Center is required by Title VI, Title IX, and section 504 not to discriminate on the basis of sex, race, color, creed, age, handicap or national origin in its educational activities. Any persons having inquiries relating to the above regulations is directed to contact the Director of Social Services, 10th and Felix Street, St. Joseph, MO (816) 671-4100 /the administrators have been designed to coordinate the efforts of the school district of St. Joseph to comply with the title IX, title VI and section 504 guidelines.”

This section is for HTC’s information only.

How did you hear/learn about programs at Hillyard Technical Center? Please check all that apply.

Newspaper ads _____ Web Site _____ Radio Ads _____
School Counselor _____ School Visit _____ Missouri Career Center _____
Family member attended HTC _____ Other (be specific) _____

Hillyard Technical Center

Applicant Reference Form

Note to applicant: please have three forms completed

To be completed by the applicant

Applicants Name: _____

Program Name: _____

Relationship to the person filling out this form _____

(example: Supervisor, co-worker.)

To the person filling out this reference: Please complete the following form and return it to Hillyard Technical Center at 3434 Faraon St., St. Joseph, MO 64506 as soon as possible. The applicant has signed a waiver of confidentiality. All information you supply will be kept confidential. Please give us your candid opinion of this person's suitability for the program they have chosen.

Please complete the information below:

Name _____

Title _____ Institution _____

Address _____

Street/RR

City

State

Zip

Telephone _____

How long have you known the above named person? _____

How well do you know above named person? _____

How would you recommend this individual _____ Highly recommend
_____ Recommend
_____ Recommend with reservations
_____ Not recommend

Signature

Date

In order to protect confidentiality, we ask that you seal this completed form in an envelope and return it to the Adult Education Office at Hillyard Technical Center

Please return this evaluation as soon as possible to allow the applicant to complete the enrollment requirements.

(Please complete the reverse side of this form.)

Note to applicant: please have three forms completed

Reference Form

page 2

Following is a list of characteristics that we feel are required for a student to be successful in a training program at Hillyard Technical Center. Please rate according to the following rating scale listed:

- 5 Outstanding**
- 4 More than Satisfactory**
- 3 Satisfactory**
- 2 Needs Improvement**
- 1 Unsatisfactory**
- NA Not observed or no basis for judgement**

Abilities & Skills	5	4	3	2	1	NA	Descriptions
Responsibility							Accountable for one's actions
Leadership							Has capacity to direct activities of others
Initiative							Motivated to pursue actions independently
Flexibility							Capable of responding or conforming to changing or new situations
Organization							Arranges by systematic planning for optimal efficiency
Self-confidence							Assured in one's abilities and skills
Independent Work							Completes tasks with minimal supervision
Communication-Verbal							Contributes knowledge and opinions in an articulate manner
Communication-Written							Expresses self clearly in writing
Stress Response							Maintains composure and able to function
Attitude							Positive approach to work and coworkers
Manual Dexterity							Ability to perform psychomotor skills
Group Interaction-Peers/coworkers							Ability to get along with peers and coworkers
Teachers/Employers/Supervisors							Ability to get along with teachers, employers, and supervisors
Maturity							Demonstrates common sense, tact, and initiative
Knowledge Application							Ability to apply academic theory to practice
Decision Making							Ability to analyze a problem and formulate a solution
Dependability							Follows through on assignments
Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously. Please indicate the above person's strengths and those qualities that require further development.

Strengths: _____

Qualities that require further development: _____

Thank you for your assistance.

Hillyard Technical Center

Applicant Reference Form

Note to applicant: please have three forms completed

To be completed by the applicant

Applicants Name: _____

Program Name: _____

Relationship to the person filling out this form _____

(example: Supervisor, co-worker)

To the person filling out this reference: Please complete the following form and return it to Hillyard Technical Center at 3434 Faraon St., St. Joseph, MO 64506 as soon as possible. The applicant has signed a waiver of confidentiality. All information you supply will be kept confidential. Please give us your candid opinion of this person's suitability for the program they have chosen.

Please complete the information below:

Name _____

Title _____ Institution _____

Address _____
Street/RR City State Zip

Telephone _____

How long have you known the above named person? _____

How well do you know above named person? _____

How would you recommend this individual _____
_____ Highly recommend
_____ Recommend
_____ Recommend with reservations
_____ Not recommend

Signature

Date

In order to protect confidentiality, we ask that you seal this completed form in an envelope and return it to the Adult Education Office at Hillyard Technical Center

Please return this evaluation as soon as possible to allow the applicant to complete the enrollment requirements.

(Please complete the reverse side of this form.)

Note to applicant: please have three forms completed

Reference Form

Following is a list of characteristics that we feel are required for a student to be successful in a training program at Hillyard Technical Center. Please rate according to the following rating scale listed:

- 5-Outstanding**
- 4-More than satisfactory**
- 3-Satisfactory**
- 2-Needs improvement**
- 1-Unsatisfactory**
- NA-Not observed or no basis for judgment**

Abilities & Skills	5	4	3	2	1	NA	Descriptions
Responsibility							Accountable for one's actions
Leadership							Has capacity to direct activities of others
Initiative							Motivated to pursue actions independently
Flexibility							Capable of responding or conforming to changing or new situations
Organization							Arranges by systematic planning for optimal efficiency
Self-confidence							Assured in one's abilities and skills
Independent Work							Completes tasks with minimal supervision
Communication-Verbal							Contributes knowledge and opinions in an articulate manner
Communication-Written							Expresses self clearly in writing
Stress Response							Maintains composure and able to function
Attitude							Positive approach to work and coworkers
Manual Dexterity							Ability to perform psychomotor skills
Group Interaction-Peers/coworkers							Ability to get along with peers and coworkers
Teachers/Employers/Supervisors							Ability to get along with teachers, employers, and supervisors
Maturity							Demonstrates common sense, tact, and initiative
Knowledge Application							Ability to apply academic theory to practice
Decision Making							Ability to analyze a problem and formulate a solution
Dependability							Follows through on assignments
Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously. Please indicate the above person's strengths and those qualities that require further development.

Strengths: _____

Qualities that require further development: _____

Thank you for your assistance.

Hillyard Technical Center

Applicant Reference Form

Note to applicant: please have three forms completed

To be completed by the applicant

Applicants Name: _____

Program Name: _____

Relationship to the person filling out this form _____

(example: Supervisor, co-worker)

To the person filling out this reference: Please complete the following form and return it to Hillyard Technical Center at 3434 Faraon St., St. Joseph, MO 64506 as soon as possible. The applicant has signed a waiver of confidentiality. All information you supply will be kept confidential. Please give us your candid opinion of this person's suitability for the program they have chosen.

Please complete the information below:

Name _____

Title _____ Institution _____

Address _____
Street/RR City State Zip

Telephone _____

How long have you known the above named person? _____

How well do you know above named person? _____

How would you recommend this individual _____ Highly recommend
_____ Recommend
_____ Recommend with reservations
_____ Not recommend

Signature

Date

In order to protect confidentiality, we ask that you seal this completed form in an envelope and return it to the Adult Education Office at Hillyard Technical Center

Please return this evaluation as soon as possible to allow the applicant to complete the enrollment requirements.

(Please complete the reverse side of this form.)

Note to applicant: please have three forms completed

Reference Form

Following is a list of characteristics that we feel are required for a student to be successful in a training program at Hillyard Technical Center. Please rate according to the following rating scale listed:

- 5-Outstanding**
- 4-More than satisfactory**
- 3-Satisfactory**
- 2-Needs improvement**
- 1-Unsatisfactory**
- NA-Not observed or no basis for judgment**

Abilities & Skills	5	4	3	2	1	NA	Descriptions
Responsibility							Accountable for one's actions
Leadership							Has capacity to direct activities of others
Initiative							Motivated to pursue actions independently
Flexibility							Capable of responding or conforming to changing or new situations
Organization							Arranges by systematic planning for optimal efficiency
Self-confidence							Assured in one's abilities and skills
Independent Work							Completes tasks with minimal supervision
Communication-Verbal							Contributes knowledge and opinions in an articulate manner
Communication-Written							Expresses self clearly in writing
Stress Response							Maintains composure and able to function
Attitude							Positive approach to work and coworkers
Manual Dexterity							Ability to perform psychomotor skills
Group Interaction-Peers/coworkers							Ability to get along with peers and coworkers
Teachers/Employers/Supervisors							Ability to get along with teachers, employers, and supervisors
Maturity							Demonstrates common sense, tact, and initiative
Knowledge Application							Ability to apply academic theory to practice
Decision Making							Ability to analyze a problem and formulate a solution
Dependability							Follows through on assignments
Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously. Please indicate the above person's strengths and those qualities that require further development.

Strengths: _____

Qualities that require further development: _____

Thank you for your assistance.

Confidential Release Waiver

Personal references are given assurance of confidentiality. For this reason we are requesting the following waiver agreement be signed. This is necessary in order to comply with Federal Law PL93-380, regarding confidential letters and statements of recommendations submitted by the references on your behalf.

Agreement

I, _____ hereby waive my right to see the personal/professional letters of reference from people I have requested as references on my application for admission to Hillyard Technical Center. I do give permission for representatives of Hillyard Technical Center to have full access to this confidential information during the admission process.

Signature

Date