

Student Application

Full Name _____ Date of Application _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Phone (H) _____ (C) _____ (B) _____

Who referred you or how did you hear about us? _____

Date of Birth _____ Highest Education Level _____

Are you currently employed? (yes/no) If yes, employer's name _____

Do you identify with being Jewish? (yes/no)

Course Selection:

Course Description	Days	Dates	Time	Student Clock Hours	Fee

Total Fee \$

Tuition

Full payment is due 5 days prior to start date of course. Cash, check (made payable to JVS) and credit card accepted. Students seeking scholarships must submit an application for financial aid and receive approval prior to course start date. 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 \$25.00 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 3 business days after signing a contract with the school. All tuition and fees will be refunded, if requested in writing, prior to the first scheduled class meeting. All refunds shall be returned within 30 days. No refunds will be granted after the first scheduled course meeting, or 3 business days after signing a contract with the school, whichever is later. However, students will be given the opportunity to repeat or attend another 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 this application.

 Student Signature (Parent or Guardian if under 18 years old)

Scholarship Application (Optional)

For those applying for scholarship funding, fully complete information below and submit with your student application.

Sources of Income (Information is required to be eligible for the program and kept confidential)

Please list ALL sources and amounts. Family income must be at or below 200% of the Federal Poverty Guidelines. Exceptions may be made on a case-by-case basis for special circumstances.

Number of dependents (including yourself): _____

- Unemployment insurance \$ _____ per month
- Soc. Sec. or SSDIB \$ _____ per month
- Personal income from all sources (employment, investments) \$ _____ per month
- Income from spouse or other sources \$ _____ per month
- Retirement Income \$ _____ per month

Student Signature (Parent or Guardian if student is under 18 years old)

Date

JVS/David B. Hermelin ORT Resource Center (School Representative)

Date

JVS/David B. Hermelin ORT Resource Center

29699 Southfield Road, Southfield, MI 48076

Phone (248)559-5000 Fax +1 (248) 487-9460

Training Supervisor (248) 233-4243

www.hermelinort.org

www.jvsdet.org