

IMAP Training Application Form
Butler Tech Adult Education LeSourdsville Campus
101 Jerry Couch Blvd.
Middletown, OH 45044
Return to Hannah Krieger along with your resume
kriegerh@butlertech.org



APPLICANT INFORMATION						
Program		Program Start Date			Today's Date	
First Name		Last Name			Middle Initial	
Date of Birth	Gender Male Female Other		SSN (last 4 digits)			
Phone Number		Email Address				
Street Address		City		State	Zip	
Emergency Contacts (Provide 2) Name				Relationship		Emergency Phone Number
1.						
2.						
DEMOGRAPHIC INFORMATION (FOR REPORTING PURPOSES ONLY)						
ETHNICITY (SELECT ALL THAT APPLY)						
American Indian/Alaska Native		Asian	White, Caucasian		Hispanic/Latino	
Native Hawaiian or Other Pacific Islander		Black, African American			Race and Ethnicity Unknown	
Citizenship Status US Citizen Non-US Citizen		If you selected Non-US Citizen, are you a permanent US resident? YES NO				
Are you a Veteran? YES NO						
Privacy Statement: Butler Tech's use of this information is limited to and in connection with the audit and evaluation of federally supported education programs or in connection with the enforcement of Federal legal requirements relating to such programs.						
EDUCATION (PICK ONE)						
High School	Name	Did you graduate?	YES	NO	Graduation Date	
Home Schooled	District	Did you complete?	YES	NO	Completion Date	
GED	Where	Did you complete?	YES	NO	Completion Date	
CAREER DEVELOPMENT						
Current employment status						
Provide a brief statement as to how IMAP training will help you						

STUDENT STATEMENT

I understand that I am applying for entry to IMAP training at Butler Tech and that I will receive notification if accepted into my applied program/training. I have read and confirm that I meet the program prerequisites as set forth. I understand that schedules for training are subject to change and that Butler Tech will notify me of such changes in advance of the start of my training. If applicable, I give permission to Butler Tech to request funding from the IMAP program to cover costs associated with my participation in the program.

Signature _____

Date _____