



# Student Application

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Who referred you or how did you hear about us? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Highest Education Level \_\_\_\_\_

Are you currently employed? yes no

Current employer and position, or job target \_\_\_\_\_

## Course Selection:

Course Description	Days	Dates	Time	Student Clock Hours	Fee

<b>Total Fee</b>	<b>\$</b>
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### Tuition Policy

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 complete the Scholarship Application (reverse side) and receive approval prior to course start date. Failure to pay tuition by the due date will result in automatic withdrawal.

### Refund Policy

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 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)

Please mail or fax this application to:

David B. Hermelin ORT Resource Center  
6600 West Maple Road, West Bloomfield, MI 48322  
Phone: 248.432.5411 Fax: 248.432.5551  
[www.hermelinort.org](http://www.hermelinort.org)

## Scholarship Application (Optional)

Must be completed in full, and signed  
All information contained herein is kept confidential

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Scholarship funding is available from several different sources. Your answers to the following questions helps us to find the best resources for you.

Number of dependents claimed on your federal income tax return (include yourself): \_\_\_\_\_

Do you identify with being Jewish?  yes  no

Are you receiving services from any of the following agencies?

- Michigan Works!
- Veterans Administration
- Michigan Rehabilitative Services (MRS)
- Other: \_\_\_\_\_

### Sources of Income

Please list ALL sources and amounts.

- Unemployment insurance \$ \_\_\_\_\_ per month
- Social Security or SSDI \$ \_\_\_\_\_ per month
- Personal income from all sources (employment, investments) \$ \_\_\_\_\_ per month
- Income from spouse or \$ \_\_\_\_\_ per month
- Retirement Income \$ \_\_\_\_\_ per month
- Other: (please specify source) \_\_\_\_\_ \$ \_\_\_\_\_ per month

Please list any extenuating circumstances or other information you feel will be helpful:

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Your signature indicates that the above information is true.

\_\_\_\_\_  
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