

**APPLICATION FOR APPROVAL OF EDUCATIONAL AND TRAINING
PROGRAMS FOR VETERANS' EDUCATIONAL ASSISTANCE, UNDER THE PROVISIONS
OF SECTION 1776, TITLE 38, UNITED STATES CODE (USC)**

The Workforce Training and Education Coordinating Board has been legally designated to serve as the state agency responsible for the approval of educational and training programs under the provision of the various veterans' educational assistance acts, more commonly known as GI Bills.

This application should be as complete as possible. References to pages in the school catalog or other official publications may constitute responses. If space is inadequate or an item is not fully described in the catalog or brochure, please use separate sheets.

NAME OF SCHOOL _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT) _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____ FAX # (____) _____

E-MAIL ADDRESS _____ WEBSITE _____

FEDERAL TAX NUMBER _____

1. How long have you operated (enrolled students) as a school or institution? _____
2. Is your school accredited? If so, by which organization? _____
3. Is a license or approval from any other federal, state, or municipal agency required for the operation of your institution? *YES NO

***If YES, please indicate:**

- a. Type of License _____
 - b. Licensing Agency _____
 - c. Licensing Agency's Contact Number _____
4. School resources:
- a. Number of buildings: _____
 - b. Space in buildings (square feet): _____
 - c. Own building(s) YES NO
 - d. Rent building(s) YES NO
 - e. If rented, term of lease _____
 - f. Please explain to what extent your facility is handicapped accessible.

g. Floor area used for instruction (square feet)

(1) Shop _____

(2) Classroom _____

(3) Laboratory _____

h. Number of rooms used

(1) Shop _____

(2) Classroom _____

(3) Laboratory _____

i. Library facilities

(1) Approximate number of books _____

(2) Annual expenditure for books/periodicals _____

(3) Professional periodicals regularly received _____

j. Does the school comply with all local, city, county, municipal, State, and Federal regulations, such as fire codes, building codes, and sanitation codes? YES NO

k. Have any school owners, officers, principle stockholders, administrators, directors, or instructors ever:

(1) Been involved in bankruptcy? YES NO

(2) Been involved in a school or business closure? YES NO

(3) Been convicted of violating any law other than minor traffic offences? YES NO

(4) Been dismissed for immoral or unprofessional conduct? YES NO

(5) Had a license revoked in this or any other state? YES NO

If so, please indicate the name of the individual, and the specifics of the case including: date, place, nature of the violation, disposition of the case, and other pertinent information:

5. Will tuition, fees, and charges be the same for veterans and non-veterans? YES NO

6. Institutes Mission or Guidance plan:

7. Affirmations: Please read and initial before signing below.

a. The institution will grant each veteran credit for previous education and training, shortening program and reducing tuition where appropriate. _____

b. The institution will maintain results of previous education and training evaluation in each veteran's file. _____

c. Upon lengthening or shortening a veteran's course load, the institution will notify the Department of Veterans Affairs with 30 days following the effective date of the change. _____

d. The institution will maintain careful records of each veteran's attendance, noting tardiness and absenteeism and reporting these to the Department of Veterans Affairs. _____

e. The institution does not and will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollment or financial aid to any persons or entities engaged in any student recruiting or admissions activities or in making decisions regarding the award of student financial assistance. _____

- f. The institution does not and will not utilize advertising of any type which is erroneous or misleading, either by actual statement, omissions, or intimation. _____

I certify that the information contained in this application or attached to the application and in the current school catalog or brochure is true and correct in content and policy.

Printed Name of Administrative Official

Signature of Administrative Official

Date