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