



PHCC GEORGIA ACADEMY ENROLLMENT APPLICATION 2022

Must be 18 years of age to enroll. High School Diploma or Equivalent Required by End of Program.

Student Name:	
Address:	City, State, Zip:
Phone:	E-mail:
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Program: <input type="checkbox"/> Classroom or In-House <input type="checkbox"/> eLearning <input type="checkbox"/> Fast Track <input type="checkbox"/> Other
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4
Years of Education: <input type="checkbox"/> Less than 9 th Grade <input type="checkbox"/> 9-12 grade no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Prof. degree	
Disability (optional): <input type="checkbox"/> Yes <input type="checkbox"/> No	Hispanic/Latino Ethnicity (optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race (optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian, Other or Pacific Islander <input type="checkbox"/> White	
Student's Emergency Contact:	Phone:
Employer / Sponsoring Company:	
Employer Street Address:	City, State, Zip:
Phone:	Fax:
Supervisor's Name:	Supervisor's E-mail:
Current Pay Per Hour: Last Job Pay Per Hour:	Website:
Employer PHCC Status: <input type="checkbox"/> Member <input type="checkbox"/> Non-Member	DOL Apprenticeship Registration * <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. PHCC Georgia Academy encourages gender equality in students' selection of courses and/or programs, career choices, and personal decisions. Academy will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29, Code of Federal Regulations, Part 30. The AP Standards are available for review at www.phccga.org. Students must be DOL registered to receive VA benefits.</i>	
I agree as Sponsoring Company or paying tuition:	
1. To be responsible for full payment of tuition fee 30 days prior to class start date. 2. Notify Academy in writing when a student ceases to be employed or is otherwise ineligible for continued company sponsorship. 3. I further agree to be responsible for all class fees for the current school year regardless if the student attends the full year. 4. I understand that because of financial restraints of PHCC GA Academy, and because materials must be purchased up front, etc., no refunds are given. 5. To arrange student work schedule to permit regular on-time attendance of classes, unless unavoidably prevented from doing so. 6. NSF Fees \$30.00 per occurrence.	
Signature of Applicant: _____	Date: _____
Signature of Sponsoring Company: _____	Date: _____
<i>*Prices shown for tuition only – other fees may apply, such as book fees or purchases.</i>	
<input type="checkbox"/> PLUMBING OR HVAC CLASSROOM* TUITION PER PERSON PER YEAR: ____\$2,895 MEMBER OR ____\$3,975 NON-MEMBER Check (Payable to PHCC GA ACADEMY) Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Credit Card Number: _____ Name on Credit Card: _____	<input type="checkbox"/> PLUMBING OR HVAC E-LEARNING* TUITION PER PERSON PER YEAR: \$2,095 MEMBERS ONLY <input type="checkbox"/> FAST TRACK FOR SERVICE PLUMBING E-LEARNING* ____\$2,899 MEMBER Exp. Date: _____ CSV: _____ Cardholder Signature: _____