

# ADMISSIONS APPLICATION

## SCHOOL INFORMATION

**AECC Career School**  
 300 S. Spring, Suite 300  
 Little Rock, AR 72201  
 501-615-8922

## STUDENT INFORMATION

Student Name:		Social Security Number:
Address:		City/State/Zip:
Telephone:		
E-mail Address:		
Education:	Name of High School Completed:	
	City/State:	
Education:	Name of College Attended:	
	City/State:	

## Program Request

Program Name:			
Course Length:	Contact Hours:	Date the training is to begin:	
	Course(s)		<b>Business Skills Training Program</b>
<b>Pre-Employment Career Readiness Training Program</b>			Microsoft Applications: Office 365- <b>Outlook</b>
			Microsoft Applications: Data Entry- <b>Word 365, Level I</b>
<b>Customer Service Skills Training Program</b>			Microsoft Applications: Data Entry- <b>Excel 365, Level I</b>
			Microsoft Applications: Office 365- <b>Power Point</b>
<b>Certified Nursing Assistant (CNA)</b>			
<b>Certified Pharmacy Technician (CPhT)</b>			
*Total Cost is estimated and based on current cost and subject to change.			
<b>TOTAL COST: \$</b>			

**METHOD OF PAYMENT**

Method of Payment (check one)

Money Order ( )	Cashier Check ( )	Cash ( )	Other ( )
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[If interest is charged or more than three payments are allowed, state the terms. If no interest is charged, so state]

**“Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder. “**

**REFUND POLICY**

Refunds are applicable according to State Board of Private Career Education Rules and Regulations and AECC guidelines.

- (i) At completion of less than twenty-five percent (25%) of the program, the refund shall be made on a pro rata basis.
- (ii) At completion of 25% but less than 50% of the program, the student shall be refunded not less than 50% of the tuition.
- (iii) At completion of 50% but less than 75% of the program, the student shall be refunded not less than 25% of the tuition.
- (iv) At completion of 75% or more of the program no refund is due the student

**ACKNOWLEDGMENTS**

Licensed by the Arkansas Division of Higher Education.

\_\_\_\_\_  
Name of Student (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name of Authorized AECC Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized AECC Official

Updated: 4/20/21

## BACKGROUND INFORMATION SECTION

To ensure that these criteria are evaluated before appointments are made, all applicants must complete this application and agree to a background check. Any information contained on the application is strictly confidential, except that it is subject to the Privacy Notice, as printed in this application.

Full Name (first, middle, last) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Current Phone Number \_\_\_\_\_ Social Security # (required) \_\_\_\_\_

Previous Names Used \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex:  M  F

Race:  Indian  White  Black  Hispanic  Asian  Other U.S. Citizen:  Yes  No

Have you ever been convicted of a felony, misdemeanor or ordinance violation?  Yes  No If yes, please provide details as date, type of offense, location, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have pending court charges for a felony, misdemeanor or ordinance violation?  Yes  No If yes, please provide details as date, type of offense, location, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT TO RELEASE INFORMATION

I hereby authorize all parties named in this application to disclose to :  
and Arkansas Employment Career Center any information necessary to determine eligibility for employment, including information regarding my service, character and conduct. I hereby release the parties from all liability that may arise from furnishing such information. This authorization is good throughout the duration of the individuals' employment and expires upon employment separation.

All information in this employment application are true and accurate to be the best of my knowledge and I agree to terms set forth.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

